



Sunrise Women's Healthcare
4540 East Baseline Road - Suite 114
Mesa, Arizona 85206

Patient Financial Responsibility Policy

Thank you for choosing Sunrise Women's Healthcare for your medical needs. We are committed to providing you with the highest quality healthcare. We ask that you read and sign this form to acknowledge your understanding of our patient policies.

Patient Financial Responsibilities

- It is important that we have your correct contact information on file. Please advise us anytime there is any change to your address, telephone or other contact information in a timely manner.
- Co-payments are collected at the time of service, this includes minors and dependents. Insurance deductibles and fees for services not covered by your insurance policy, if known, are due at the time the service is rendered. We accept cash, check, Visa, or Master Card.
- It is important for you to be an informed consumer, who understands the specification of your insurance policy. Your health insurance policy is a contract between you and your Health Insurance Company or employer. Please note that it is your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals, pre-certifications, or pre-authorizations.
- You must present a current insurance card at each visit. As a courtesy to you, we will bill your insurance company directly for medical services rendered. However, please be advised that you are nevertheless ultimately financially responsible for payment of medical services rendered.
- Outstanding balances or failure to pay co-payments upon check-in may result in the appointment being rescheduled.
- Self-pay patients should be prepared to pay at the time of service.
- Please be aware of and provide any required referrals or authorizations in advance of the appointment of service. If you do not provide these before care is provided, you will be responsible for the cost of the care. When in doubt contact your plan directly for clarification.
- All rescheduled appointments by the patient must be done 24 hours prior to your scheduled appointment or you will be charged \$50.00. Patients who No-Show their appointments will be charged \$50.00. There is a fee of \$25.00 per FMLA/Short term disability paperwork.
- A parent or guardian must accompany a minor patient on their first appointment. A signature for treatment of minor by the parent or legal guardian is required. A minor can come unaccompanied on subsequent visits with parental/guardian approval made in advance and witnessed by two employees. This will need to be updated annually until the patient is 18.
- Call you pharmacy for you refills and have them fax a request to us at 480 699-5681. We do not refills prescriptions after hours or on weekends. Refills will only be approved if follow up visits have been kept.
- Our office has emergency coverage 24 hours every day. For a true emergency contact our regular office number at 480 497-2229, please hold and you will be forwarded to an answering service to contact our Doctor on call. Coverage for Sunrise Women's Healthcare is shared with other Doctors. For questions and minor problems, please call the office during regular office hours. There will be a \$25.00 charge assessed to non-urgent visits.
- We require a minimum of 5 days to complete FMLA forms. We will notify you when the forms are complete.
- By my signature below, I understand that I am financially responsible for charges not covered by my insurance.

Patient Name: _____

Patient/Guardian Signature: _____

Today's Date: _____



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Dear Valued Patient

Sunrise Women's Healthcare participates in a large number of healthcare insurance programs. Each has many variations. Your insurance plan or card will often tell us the amount of the required co-pay. That amount is to be paid in full at the time of your visit. The remainder will be submitted to your insurance carrier or plan. You, as the insured, are responsible for knowing your plan coverage. Once payment is made to Sunrise Women's Healthcare by your provider, you may receive a bill for the remaining balance due if any. It is the patient's responsibility to pay for any service not covered by the insurance carrier or plan in full on receipt of our bill unless previous arrangements have been made with the Business Office.

Dr. Newman may order tests or procedures in addition to the examination. While every effort will be made to send the patient to a facility covered by the insurance provider, Sunrise Women's Healthcare does not assume responsibility for the cost of these tests or procedures. If we administer them in our office the test cost will be billed to the insurance carrier and the patient will again be responsible for any costs not covered by the carrier. If there is an issue the patient should notify us beforehand so payment arrangements can be made through the Business Office.

Today's appointment may include updating the patient's medical history, a physical examination, and possibly a PAP smear. If appropriate, the doctor may prescribe birth control, hormone replacement and/or a mammogram.

We strive to keep a timely schedule and avoid delays. To assure each woman is provided appropriate time to see the doctor for the reason today's appointment was initially made, please inform the receptionist if you are experiencing any problems or complaints not previously indicated. She will schedule you an additional appointment to allow time to address your concerns.

Please sign this form and return it to the receptionist.

Sincerely,

Barbara J. Newman, D.O., F.A.C.O.O.G.

Patient Signature: _____ Date: _____