



# Sunrise Women's Healthcare

4540 East Baseline Road – Suite 114  
Mesa, Arizona 85206

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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 number or other contact information in a timely manner.
- Copayments are collected at the time of service, this includes minors and dependents. Insurance deductibles and fees for services not covered by your insurance, if known, are due at the time the service is rendered. We accept cash, check, Visa or Mastercard.
- 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 copayments 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. 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 time or you may be charged \$50.00. Patient who "no show" their appointments will be charged \$50.00. There is a fee of 425.00 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 years of age.
- Call your pharmacy for your refills and have them fax a request to us at 480-699-5681. We do not refill 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 calls.
- 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 \_\_\_\_\_