



Financial Policy

We at Pulmonary Associates of Southern Arizona (PASA) are committed to providing the best possible care. Your understanding of our office policy is important to our professional relationship. If you have any questions regarding our financial policies please ask to speak with our billing department.

INSURANCE:

PASA will bill only contracted insurance plans. A list of contracted insurance companies will be provided upon request. In order for PASA to file your claim, we need complete insurance information, and your signed authorization enabling direct payment to our office. Acceptable insurance identification is defined as a valid insurance card, policy, or telephone verification. If you are covered by a non-contracted insurance company, full payment is required at the time of service. We will provide you with an itemized statement.

PATIENT RESPONSIBILITY:

Your co-payment or, the amount your insurance company deems to be your responsibility, deductibles, and denials for services not covered under your policy remain your responsibility. Your co-payment is required at the time of service. Any co-payment that is not made at the time of the visit will be subject to an additional fee of \$25.00 to cover billing cost. This fee will be waived if the co-payment is received within 5 working days from the date of service.

REFERRALS:

If your policy is an HMO or POS plan, you are responsible for making sure that there is a current and valid referral prior to being seen. Please contact your PCP's office prior to your appointment to obtain your referral.

SELPAY:

A minimum deposit of 25 percent of the account is due at the time of service. All patients who reside outside of the United States are required to pay for all charges at the time of service regardless of dollar amount. PASA accepts MasterCard, Visa, and American Express as payment options for our patients.

DISHONORED CHECKS:

Dishonored checks will be subject to a \$25.00 service fee. Dishonored checks not redeemed within 20 days of written notice to the maker may be referred to a collection agency.

CANCELATION POLICY:

There will be a charge of \$25.00 for scheduled missed appointments unless the appointment is canceled within 48 hours of scheduled date.

DELINQUENT ACCOUNTS:

Delinquent account may be assigned to a collection agency or attorney.

I _____ have read Pulmonary Associates of Southern Arizona's
Print Patient Name

Financial Policy and fully understand.

Signature: _____ Date: _____