



OFFICE & FINANCIAL POLICY & WAIVER

Verification of Benefits & Non-Covered Services:

Insurance plans differ by type of plan and coverage guidelines. Equality Care Center may render services that may not be covered under my plan. Equality Care Center verified my insurance benefits as a courtesy, and the benefits obtained are only an estimate of coverage and not a guarantee of payment. It is ultimately my responsibility to verify and understand my coverage benefits and exclusions. All services not covered by my insurance are my responsibility and payment for those services may be due at time of service.

Insurance Co-payments, Deductibles, and Co-insurance:

I understand that all co-pays, deductibles, and co-insurance amounts are due at the time of service. It may be necessary to reschedule my appointment if my co-payment, deductible and/or co-insurance are not satisfied.

Changes to My Insurance:

I must notify Equality Care Center immediately of any new insurance or changes to my current insurance. Any cost incurred by this office as a result of receiving incorrect and/or not up to date information by me are my responsibility.

Self-Pay Patients:

Equality Care Center has established a sliding-fee schedule for all services performed in our office. If I do not have insurance coverage, Equality Care Center will provide me with the cash pay amount for services provided to me. This cash pay amount is due in full at time of service. For members who qualify for a full discount under the sliding fee schedule, there will still be a nominal charge of \$10.00 for any service rendered. Equality Care Center has the right to waive this nominal fee under extenuating circumstances.

Patient Balances and Collections:

All patient balances are due at the time of service. If you are experiencing financial hardship, Equality Care Center will review the account for a payment plan option. If you carry a balance longer than three (3) statement cycles (90 days), your account will be reviewed and placed into collections. **Collections fees will apply to you and you will not be able to receive treatment from Equality Care Center until your balance is paid in full.**

Late Cancel, Cancellations, No Shows:

Equality Care Center requires 24 hours' notice for canceling your appointment. When scheduling we ask that you be courteous to all those individuals who need access to medical care in a timely manner. Equality Care Center wants to assist you in staying compliant with your treatment plan and providing you with appointments in a timely manner.

AHCCCS:

Any appointments that are not canceled within the 24-hour time frame will be considered a "No Show" and will be reported to your insurance.

Private insurance and Self-Pay:

Any appointments that are not canceled within the 24 hour time frame will be considered a "No Show" and a charge of \$25 will be added to our account. This balance will be due prior to subsequent visits to Equality Care Center.

Medical Records:

I am aware that I may request a copy of my medical records at any time, and that Equality Care Center charges a fee for this service. I understand that my medical records will not begin to process until Equality Care Center receives my payment and completed the release with proper ID. My records can only be picked up by me or mailed to my address on file with Equality Care Center. There is a 7-14 day turnaround time for receipt of these records.

I have read, understand, and agree to abide by the Office & Financial Policy and Waiver.

Signature (Responsible Party)

Printed Name

Date