

**PLEASE READ THIS DOCUMENT COMPLETELY
CHECK EACH SEGMENT, AND SIGN AND DATE THE DOCUMENT**

PAUL A. MIKEL M.D, 3921 E. BASELINE ROAD STE100 GILBERT,AZ 85234 480-668-4411 PHONE 480-776-5169 FAX

Financial Policies and Patient Responsibilities

- The office of Dr. Paul Mikel will bill your insurance as a courtesy. It is the responsibility of the patient to understand their insurance, benefits, co-pays, deductibles and exclusions. Please make sure you understand your benefits completely.
- We expect your insurance to respond and pay claims in 90 days or less. Our contract with insurance companies requires that we file your insurance claim in a timely manner, and we expect claim consideration and reimbursement to follow similar criteria. We will advise you if your carrier fails to pay your claim in a timely manner.
- Reimbursement policies for obstetrics and gynecology services vary substantially. This depends upon the policy you and/or your employer have chosen. A call will be placed by this office in an effort to determine your benefits before treatment is rendered. **NOTE: A quotation of benefits by your carrier is not a guarantee of payment.** Insurance carriers will often quote a benefit and even authorize a procedure, but then not pay the claim for one of a number of reasons, including, but not limited to: pre-existing condition clauses, assignment of deductible, policy maximum, and coordination of benefits.
- You are required to notify this office of changes in your insurance status immediately. Failure to keep your insurance file up to date will mean that we will be unable to bill the appropriate carrier for your services in a timely manner, and you will be responsible for those charges. Remember, insurance carriers have filing deadlines that must be met based on the date of service, and not providing accurate, current information only decreases the likelihood that your carrier will pay the claim.
- There will be a \$25 assessment for all returned checks. You will have to pay this charge before future appointments can be scheduled.
- Secondary claims are not filed automatically. We will file secondary claims upon your request for coinsurance and deductibles only. We will not file secondary carriers for co-pays.
- If you have an interruption of coverage during the course of obstetric care for any reason, this will mean that your care will have to be billed fee for service(itemized). This may result in higher coinsurance and deductible costs for you.
- All co-pays, deductibles and coinsurance are due at the time of service. This office accepts cash, checks, debit cards and MasterCard and Visa credit cards. If you do not have your co-pay, your appointment may be rescheduled.
- Patient understands that there will be a \$20.00 fee assessed for the completion of any insurance documentation, short term or long term disability forms, FMLA forms, leave of absence forms, or any other form of this nature. Patient will be advised that it will take 7 - 10 business days to complete these forms, and should prepare for this delay when making requests.
- Medical record requests can take up to 10 days to process, and records will not be available to a patient the same day that the patient makes the request. The physician must review the chart before records can be copied and sent out.
- Patient / guardian grants authority to Paul A. Mikel MD PLC to deposit check payments issued by the insurer in two party format.
- Patient understands that Dr. Mikel operates in good faith that the patient and the insurance company will reimburse the doctor for his time and care. In the event your insurance is terminated, or fails to pay for office visits, procedures, injections, and/or hospitalizations, responsibility fundamentally resides with the patient to pay the accrued debt. Failure to pay coinsurance, copayments, deductible assignments, and/ or non covered services will result in the assignment of the delinquent debt to a collection agency. The patient will be responsible for any and all charges associated with the collection of the debt.
- Patient should arrive before or at the scheduled appointment time. If you are unable to keep your appointment, or will be late, please call the office to reschedule 24 hours prior to your scheduled appointment. A No-Show charge of \$50 may be assessed if a call is not received 24 hours in advance of the cancellation. Emergencies will be considered individually.

I understand and have had my questions answered regarding these policies and responsibilities. I acknowledge and agree that I am responsible for any and all portion of my bill not paid by insurance.

Patient / Guardian Signature

Date

Office Representative Signature

Date