

Valley Vein and Vascular Surgery  
Sammy Zakhary, MD, PC  
Dana Garner, NP

**FINANCIAL POLICY**

Thank you for choosing Valley Vein and Vascular Surgery to meet your specialized needs. We are committed to providing you with the best treatment available. Please read the following information carefully.

- ✓ **Payment of all copays, deductibles, and co-insurance is due in full at the time of service**
- ✓ **We accept cash, check, Visa, Mastercard, and American Express**

**INSURANCE:** Your insurance policy is a contract between you and your insurance company. We are not party to that contract. We will bill your insurance plan for you as long as you provide us with complete information. If your insurance company states that any services provided are non-covered services and/or not considered medically necessary under your health insurance plan, you will be responsible for payment. While payment is your responsibility, we will assist you in negotiating settlement with your insurance company for any disputed claims. We charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. We will only provide care that is medically necessary. If your insurance company determines that a service was not medically necessary you will be responsible for payment.

We verify eligibility and benefits as best we can for all patients; however, it is ultimately the patients' responsibility to make sure we are a contracted provider/in-network with your insurance plan. Any estimates we provide for services are estimates based on the information we have available to us prior to your visit. You will be responsible for any money due that is above and beyond the estimate we provide you. All copays, deductibles, and co-insurance are due at the time of service.

**MISSED/NO SHOW APPOINTMENTS:** There will be a fee of \$50 added to your account if you fail to cancel your appointment within 24 hours. We reserve the right to discharge any AHCCCS patient from our practice after three (3) "No-Show" appointments.

**REFERRALS/AUTHORIZATIONS:** Our staff makes every effort to obtain a referral/prior-authorization when necessary. However, as the patient, it is your responsibility to provide a current referral or prior-authorization to our office at the time of service to prevent from being billed. Your Primary Care Physician can assist you in getting the correct referral and/or prior-authorization to us.

**DELINQUENT ACCOUNTS:** We realize that it may become necessary on occasion to make payment arrangements for large balances. If financial problems arise, please contact us immediately. Should collection proceedings or other legal action become necessary to collect an overdue account, the patient or the patient's responsible party, understands that the office of Sammy A. Zakhary, MD, PC, has the right to disclose to an outside billing/collection agency all relevant personal and account information necessary to collect payment for services rendered. The patient, or the responsible party, understands that they are responsible for all costs of collections including, but not limited to, interest due, all court costs and attorney fees, and any collection fees assessed by an outside collection agency.

**Signature of Patient or Responsible Party:**

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**Date Signed:** \_\_\_\_\_