Sammy A. Zakhary, MD, PC, CWS-P
6591 W Thunderbird Road, Suite D1
Glendale, Arizona 85306

Financial obligation

We are dedicated to providing you with the best care possible. If you have medical insurance, we are committed to helping you receive your maximum allowable benefits.

- **Payment for service is due at the time before services are rendered.** We accept cash, MasterCard, Visa, Discover and American Express.

  • Returned checks may be subject to a $50.00 service charge fee. Repayment may be required in cash or money order.

  ## • Filing of Insurance

  o **Surgery, vein procedures and diagnostic procedures.** As a courtesy to you, we will assist with your insurance for surgical, vein, and diagnostic procedures. We verify benefits via phone and when necessary, will obtain pre-authorization prior for your procedure. Insurance providers do not "guarantee" payment, even with a pre-authorization prior to surgery or treatment. We must emphasize that as a medical provider, our relationship is with you; not your insurance company. Your active participation is necessary when denials occur, or payments are delayed from your insurance provider.

  *****A credit card number is required to schedule all varicose vein procedures filed with your insurance.** At 45 days, any unpaid balance becomes your responsibility. If your insurance fails to pay, your credit card may be billed for any unpaid balance at 45 days.

  o **Medicare – all procedures considered "medically necessary", will be filed to Medicare Part B (not Medicare HMO plans).** If you have secondary insurance, we will file the claim forms on your behalf. If you do not have a supplemental policy to Medicare, you will be responsible for 20% of the Medicare allowable charges at the time of service. You may also be responsible for your annual Medicare deductible.

As the Patient, you have the Ultimate Financial Responsibility. Payment is expected at the time before the services are rendered by this practice. In the case that insurance may pay a portion of your charges, your estimated payment (considering expected insurance coverage) is required to be paid at the time of service. In the event that your insurance provider denies payments or pays less than expected, you are responsible for any balance on your account 45

days from the date of service. The insurance company's decisions and payment amounts are not within our control; however, we are happy to assist you in the insurance appeal process. If it becomes necessary to collect your unpaid account using a collection agency, you may be responsible for any changes incurred as a result of collection activity, (usually, 35%-50% on unpaid amount) as well as any other legal or court fees incurred.

Missed or Cancelled Appointments - The timeliness of treatment is important for you to achieve optimal results. We accommodate patient schedules as best we can. In consideration of this and our other patients, this office requests a 48 business hours notice for cancellation of an appointment. This notice provides sufficient time for us to work other patients into the schedule. Failure to provide notice may result in a $200 missed appointment charge.

Late Arrival – Please understand that a specific amount of time for each treatment is allotted. If you arrive late it may be necessary to reschedule our appointment to maintain the schedule of appointments for all patients.

I, (print name) _____, have read and understand the cancellation policy and
the terms and conditions of my financial obligation and agree to honor the office policies as outlined above.

Patient Signature Date