

Sammy Zakhary M.D., P.C.
Valley Vein and Vascular Surgeons
6591 W Thunderbird Rd Suite D2
Glendale, Arizona 85306

Thank you for choosing Sammy Zakhary M.D., P.C., to meet your specialized needs. We strive to provide you with the highest quality medical care. In an effort to foster a collaborative relationship, we ask that you review our updated financial policy so that you understand your responsibilities in this relationship.

General Policies

_____ According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances. **Co-pays are due at the time of the visit.**

_____ While filing of insurance claims is a courtesy that we extend to our patients, **all charges not covered by your insurance company are your responsibility.**

_____ Patient balances are billed immediately upon receipt from your insurance plan's explanation of benefits. Your remittance is due *within 30 business days* of your receipt of your bill.

_____ Patients with an outstanding balance overdue by more than 60 days must make arrangements for payment prior to scheduling appointments.

_____ If you have personal financial problems, please contact us immediately. If an account is sent to collection, extra charges will be assessed.

_____ If you have no insurance, payment for an office visit is due at the time of the visit.

Appointments

_____ **Missed and cancelled appointments** represent a cost to us, to you, and to other patients of our practice who could have been seen in the time set aside for you. We reserve the right to charge a fee for cancelled or missed appointments. **For cancellations, a 24 hour notice prior to the appointment is required.** Failure to cancel with notice will result in a **\$50.00 charge and for surgeries/procedures there will be a \$200.00 charge.** _____(initial) Multiple missed appointments may result in dismissal from the practice. _____(initial)

_____ If you are late for an appointment, we will do our best to accommodate you. However, it may be necessary to reschedule your appointment to a later time or, if non-urgent, to another day. As a courtesy, we email, text, and call to remind parents about their appointments. You will be responsible for a missed appointment charge if an appointment is missed.

_____ **After 2 No Shows**, you will automatically be discharged from our practice and assume responsibility for your health.

_____ I acknowledged that failure to return or rescheduling physician recommended follow-up appointments and/or vascular studies could result in health consequence.

Signature of Patient or Patient Representative

Date