



IVF PHOENIX

OUR PRACTICE FINANCIAL POLICY

IVF Phoenix is dedicated to providing you with the best possible care and service available and we feel an understanding of our financial policies is an essential element of your care and treatment. The following is a copy of our financial policy. If you have any questions after reviewing this information, please feel free to discuss them with a member of our billing staff.

YOUR INSURANCE

We will bill those insurance companies with whom we have a contract and will collect any required co-payment at time of service. This co-payment will be collected when you arrive for your appointment. If the services you receive are **not covered** by your insurance plan, you will be responsible for the total charges and payment will be expected upon receipt of your statement.

If you have insurance coverage with a plan with which we do not participate, payment for your care and treatment are **due at the time of service**. We will prepare and send a claim to your insurance company, however, any applicable insurance payments will be made directly to you.

We will bill your insurance company for all services we provide in the hospital. Any charges that are not covered by your plan are your responsibility and due upon receipt of a statement from our office.

MINOR PATIENTS

The responsible adult accompanying any patient who is a minor will be responsible for payment of any and all services rendered.

MISSED APPOINTMENTS

In order to provide the best possible service and availability to all our patients, it is our policy to charge for office visits that are not cancelled at least one day prior to your scheduled appointment. Please call us as early as possible if you need to reschedule your appointment.

I have read and understand the financial policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.

Signature of Patient (or Responsible Party if the patient is a minor)

Date

Signature of Co-Responsible Party

Date

Print Name of Responsible Party