

Summary of Paradise Valley Medical Clinic Office Patient and Financial Policy Information

Please read and sign our patient and financial office policies. Our goal is to educate and avoid any misunderstandings regarding our office policies and all financial liabilities.

Please be aware that you must provide correct and accurate information regarding your address and insurance. If you provide our office with false information, you will be responsible for all charges incurred during your visit.

Payment Policy: Each patient is ultimately responsible for payment of all services provided. We do submit claims to insurance however it is the patient's responsibility to know the benefits of his or her own health plan before services are rendered. All claim submissions are dependent on each patient providing accurate insurance information.

- **Self/Pay or Out-of-network Insurances:** Payment is due at time of service. We will bill your visit to your insurance as a courtesy if you wish. Please note: the doctor's visit does not include lab work, vaccinations, injections, tests, or procedures, therefore extra charges may apply if Dr Lakin feels they are necessary for your medical care.
- **Medicare:** You are responsible for paying your annual deductible, co-payments, co-insurance and any non-covered services.
 - This office does not accept Medicare Advantage or replacement plans at this time.
- **Cigna PPO, OAP, First Health/CNN, AZFMC:** Patients are responsible for meeting their annual deductible and co-pays at time of service as well as any amounts deemed by insurance to be patient responsibility.
- **Annual Administration Fee:** This practice does have an annual Administration Fee. All patients are expected to pay this fee yearly. Please contact our office for any questions or more information.
- **NSF Checks:** There is a \$45 charge for all non-sufficient checks. Patients are responsible for all charges.

Medical Records Policy:

- There is a charge for any medical records requested by patients, attorneys, etc. There is no charge for transmitting records to another covered medical entity, or physician's office. No records will be released without a legal signature. This is to protect your medical information and align with HIPAA guidelines. Please contact our office for more information on attorney and patient fees.
- We do not accept third party billing for auto accidents or injury accounts. Payment is due at time of service and a receipt will be provided for your submission.

Medication Requests & Refills:

- All refill requests should be directed to your pharmacy. Your pharmacy will contact us on your behalf. The only exceptions to this policy are:
 - If there is a pharmacy change
 - If requesting pain or controlled medications
 - If requesting a new medication that you have not been on previously
- We do not accept requests for pain or controlled medications on Fridays, over weekends, or on major holidays. This is in compliance with our pain/controlled signed patient medication contracts.

Please sign, return to our office and retain a personal copy for future information.

Patient's Signature: _____ Date: _____

Patient's PRINTED Name: _____ Staff Initials: _____