

## Patient Payment Policy

Thank you for choosing Grayhawk Medical Group as your primary care provider. We are committed to providing you with quality care. Some of our patients have had questions regarding patient and insurance responsibility for services rendered. Please read this, ask us any questions that you may have and sign the bottom. A copy will be provided upon request.

1. **Insurance.** We participate with most insurance plans, including Medicare. If you are not insured with a plan that we are in network with, payment in full is expected at each visit. If you are insured by an in network plan but don't have an up to date insurance card, payment in full for each visit is required until we can verify your coverage. It is **your** responsibility as the patient to know your benefits. Please contact your insurance company with any questions you may have regarding your coverage.
2. **Copayments and Deductibles.** All co-copays and deductibles must be paid at time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-pays and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-pay at each visit. Any returned checks will be charge a \$45 insufficient fund fee.
3. **Proof of Insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim.
4. **Claims Submission.** We will submit your claim and assist you in any way we reasonably can to help get your claim paid. Your insurance may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company, we are not a party to that contract.
5. **Coverage Changes.** If your insurance changes, it is your responsibility to notify us before your next visit so we can make appropriate changes.. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.
6. **Nonpayment.** Your account is over 45 days past due after insurance has paid their portion and a statement has been sent out. Partial payment will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency, a late fee of \$15 will be added and a 40% collection fee will be added to the entire balance due, and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular or certified mail that you have 30 days to find alternative medical care. During that 30 day period, our physicians will only be able to treat you on an emergency basis.
7. **No Show and Cancellation Policy.** If you fail to show up for a scheduled appointment or cancel a scheduled appointment less than 24 hours in advance, you will be assessed a \$35 fee automatically, which must be paid prior to your next visit. NMT same day/no show \$50. Multiple cancellations may result in being discharged from the practice. Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

Thank you for reading and understanding our payment policy. Please let us know if you have any questions or concerns

I have read and understand the payment policy of Grayhawk Medical Group and Dr Michael Nunez and agree to abide by its guidelines.

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Signature of patient or Responsible party

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Date

