

**Desert Canyon Pediatrics, P.C.**  
**Patient Financial Policy**

We are dedicated to providing the best possible care and service to you and your child, and regard your complete understanding of your financial responsibilities as an essential element of your child's care and treatment.

Your insurance policy is a contract between you and your insurance company, the doctor is not involved. Many insurance plans have high deductibles and co-payments that are your responsibility. Please contact your insurance company prior to your visit should you have any questions about your coverage or responsibilities. It is your responsibility to know your healthcare policy and to verify all benefits and coverage information prior to having any services rendered.

We have contracted with many insurers and health plans to accept an assignment of benefits. We will bill those plans for which we have an agreement. Our contracts with the insurance companies require us to collect co-payments at the time of service, and any portion of your visit that the insurance company states as "patient responsibility". In the event your health plan determines a service to be "not covered," you may be responsible for the complete charge.

If you have insurance coverage with a plan that we are not contracted with, as a courtesy we will prepare and send the claim for you on an unassigned basis. This means your insurer will send the payment directly to you. Therefore our charges for your care and treatment received are due at the time of the service. For your convenience we will accept cash, personal checks, and most major credit cards.

For all services provided in the hospital, we will bill your health plan. Any balance due is your responsibility and is due upon receipt of a statement from our office.

For all services rendered to minor patients, we will look to the adult accompanying the patient and the parent or guardian with custody for payment.

In order to provide the best possible service and availability to all our patients, please notify us of your need to cancel an appointment at least 24 hours before your scheduled appointment. Cancellations made less than 24 hours before a scheduled appointment will be assessed a fee.

Fees assessed for Missed Appointments, Late Cancellations, and copying of Medical Records are not covered by insurance plans and are your direct responsibility.

Patients who are on any AHCCCS Plans must inform us of any other Private Insurance that they may have. By law, claims must be filed first with your Private Insurance. AHCCCS will be billed secondarily. Not informing us of this information is considered fraud, and parents could be fined and/or dropped from plan.

Please notify us of any changes to your insurance plan or policy prior to your visit.

I have read and understand the financial policy of Desert Canyon Pediatrics, PC 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.

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Signature of Patient or Responsible Party if a Minor

Date

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Signature of Co-Responsible Party

Date

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Please Print the Name of the Patient

Date of Birth