



Financial Policy

We are doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. The following is a summary of our payment policy.

ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable coinsurance, deductibles and co-payments for participating insurance companies. Chandler Endocrinology, LLC accepts cash, personal check (in-state only), VISA, MasterCard and AmericanExpress. There is a \$25 service charge for returned checks.

Patients with an outstanding balance of 60 days overdue must make arrangements for payment prior to scheduling appointments.

Insurance: We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and co-payments at the time of service. If we have not received payment from your insurance company within 45 days of the date of service, you will be expected to pay the balance in full. You are responsible for all charges.

Refunds: Overpayments will be refunded upon written request to the responsible party within 30 days.

Managed care: If you are enrolled in a managed care insurance plan (i.e., HMO), you must receive a referral from your primary care office before seeing a specialist. Referrals are patient's responsibility to obtain.

Missed appointments and late cancellations: Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. There will be a \$25/\$50 charge for missed or late-cancelled appointments. Excessive abuse of scheduled appointments will result in discharge from the practice. Balances not paid within 30 days will have 10% charge added. Should balances not be paid within 60 days, there will be an additional \$30 charge and you will be referred to a collection agency.

I have read and understand the Chandler Endocrinology, LLC Financial Policy. I agree to assign insurance benefits to Chandler Endocrinology, LLC whenever necessary. I also agree that if it become necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections.

Signature of insured or authorized representative: _____

Date: _____