Valley for Women Women P.C.
480.782.0993

Payment Policy

We are committed to providing top quality care to our patients at reasonable prices. Patients who do not pay for care drive up costs for those who do. We believe this is unfair. Therefore, we require that all patients adhere to the following strict payment policy.

All patients are required to pay any co-payment amount and all past due balances at each check in. In addition, at each visit, all patients are required to either:

Present a valid insurance card - OR - Pay for services prior to receiving services.

All patients must verify their current address at each check in. Patients having delinquent accounts or whose addresses are invalid will be turned over to a collection agency and will be subject to late fees, interest charges, and collection fees. Once an account is turned over to a collection agency, we incur significant additional costs and we will not be able to work with you on payment arrangements. Furthermore, we will not be able continue seeing you as a patient if you do not pay your balance.

Patients are responsible for all charges not paid by their insurance companies. Patients are solely responsible for knowing their coverage limitations and their financial responsibility *before* accepting diagnosis or treatment. We accept over 700 insurance companies and most have multiple coverage plans. We cannot be expected to know the coverage limitations of your individual policy. It is your responsibility.

Patients are responsible for charges stemming from companies who provide lab work, imaging, anesthesia, cord blood collection, surgical assistance or other tests or services related to their care. Patients are responsible for all charges they incur by these companies, and we have no influence over their billing practices, even though some services are performed within our offices for your convenience. Patients who receive diagnosis or treatment in our office accept responsibility for all charges which may result from leaving samples of urine, saliva, blood, or other tissues collected by a provider (e.g. biopsy). We will not pay the bill you may receive from these companies for services they perform in conjunction with your care. It is your responsibility to be informed before you leave a sample or consent to any diagnosis or treatment our providers may provide.

Patients having a positive patient account balance will receive monthly statements. If no payment is received within ninety days from your date of service, patient's account will be turned over to a collection agency and patient's credit rating will be impacted.

I, the undersigned, hereby acknowledge that I have read and agree with the above payment policy. I understand and agree that I am responsible for all charges and I authorize Valley Women For Women, PC, to take the above actions to collect payment. I agree that I am responsible for any late fees, interest fees, collection fees, or legal fees related to collecting payment for my charges. I further authorize Valley Women For Women, PC, to report me to a collection agency or to credit agencies, if required. I understand that Valley Women For Women, PC, submits insurance claims on my behalf, if applicable, but that I am ultimately responsible for payment of all charges.

Signed _____ Dated _____

Printed Name _____

Patient Name _____ Date of Birth _____