



ATHLETIC INSTITUTE OF MEDICINE, LTD

Thomas J. Wall, M.D., PhD

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480-778-1400 / Fax 480-778-0400

FINANCIAL POLICY

WE ACCEPT:

- CASH
- CHECK
- MASTERCARD AND VISA

INSURANCE CO-PAYMENTS:

- Insurance Co-pays are paid at the time of service. We do not bill for Co-pays.

DEDUCTIBLE/COINSURANCE:

- If your insurance deductible is not met full payment will be collected at the time of service.
- If your insurance deductible is met your coinsurance amount will be collected at the time of service.

PRIVATE PAY:

- If you have no insurance coverage or insurance that we do not participate with, full payment is expected at the time of service.

HMO INSURANCE:

- Authorization is required in our office on date of service.
- If we have not received your authorization your options are:
 1. Reschedule appointment.
 2. Accept charges as your responsibility and pay services in full.

SECONDARY INSURANCE:

As a courtesy the office will file your secondary insurance for Medicare Patients only. If we do not receive payment within 60 days of filing the claims the balance becomes patient's responsibility.

COLLECTIONS:

Once an account is placed in collection status, all future services must be paid in full at the time of service. Any balance assigned to collection agency will be assessed a 30% - 40% fee to offset the recovery expense.

RETURNED CHECKS:

A \$25.00 fee will be assessed for returned checks.

I have read and agree to abide by this financial policy.

Print Patient's Name

Patient's/Guarantor's Signature

Date