**AZ Physical Medicine & Rehabilitation, PC**

**5690 W. Chandler Blvd. Ste. 2**

**Chandler, AZ 85226**

**480-878-7425**

**FINANCIAL AND CANCELLATION POLICY**

Payment for all services provided by our practice is due at the time services are rendered. Exclusions to this policy are those patients who are a member of the health care organizations that we have a participating agreement with. Please ask our office staff if you are unsure if we participate with your health insurance plan. We will bill your primary insurance plan for which we have an agreement, and will only require you to pay the authorized co-payment, deductible, or non-covered services at the time service is rendered. We will submit the claim form for you as a courtesy. If AZ Physical Medicine & Rehabilitation, PC does not participate with your health insurance plan, payment in full will be due at the time service is rendered. We can also provide you with a receipt that you can submit to your insurance company for reimbursement.

Medicare patients are responsible for their co-payments and deductibles as well as any services deemed medically unnecessary by Medicare. In the event your health insurance plan determines services are not covered, you will be responsible for the complete charge.

Due to the demands for the provider’s time, AZ Physical Medicine & Rehabilitation, PC find it necessary to institute charges for patients who do not cancel their appointment at least 24 hours in advance. You will be charged a $50.00 No-Show fee if you fail to cancel your appointment at least 24 hours.

Patient Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_