



## EVANGELISTA ORTHOPEDIC CLINIC

### **PAYMENT POLICY**

Thank you for selecting us as your orthopedic services provider. We are committed to quality, affordable health care, with the goal of returning you to your normal routine as soon as possible.

This payment policy has been developed to provide you with the general information you need to fulfill your financial responsibility for the services we provide.

Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

**1. Insurance:** We participate in many insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. If you would like help in determining the status of your coverage we will be pleased to assist you. If you would like to arrange for a different payment option please speak with us in advance of your visit.

**2. Co-payments and deductibles:** All co-payments and deductibles must be paid at the time of service unless other arrangements are made in advance of your visit.

**3. Non-covered services:** Please be aware that some, and perhaps all of the services you receive may not be covered, or may not be considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of your visit.

**4. Proof of insurance:** All patients must complete our patient information form before seeing our staff. We must obtain a copy of your driver's license and current valid proof of insurance. It is important that you provide us with the correct insurance information in a timely manner. Failure to do so may result in the balance of a claim becoming your personal responsibility.

**5. Claims submission:** We will submit your claims and assist you in any way we reasonably can to have your claims paid. Your insurance company may need you to supply certain information to them directly. Prompt compliance with this request will minimize issues and help ensure prompt payment. Please be aware that any remaining claim balance is your responsibility.

**6. Coverage changes:** If your insurance situation or coverage changes, please notify us before your next visit. This will allow us to make the appropriate changes, avoid inconvenience and help ensure that you receive all the benefits to which you are entitled.

**7. Payment:** We accept cash, most credit and debit cards and personal checks.

### **ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES:**

I have been presented with the Notice of Privacy Practices and am aware that I can access a copy on the website and/or patient portal. I understand that Evangelista Orthopedic Clinic has the right to change its Notice of Privacy Practices from time to time and that I may contact Evangelista Orthopedic Clinic at any time to obtain a current copy.



# EVANGELISTA ORTHOPEDIC CLINIC

### Authorization for Release of Health Information:

I hereby authorize Evangelista Orthopedic Clinic to release any medical or incidental information to my referring physician or any other physicians who have been or may become involved with my care. I also authorize the release of information that may be necessary in the processing of any insurance claims.

I hereby authorize Evangelista Orthopedic Clinic and its Employees permission to discuss, send and/or receive my personal health information to/with the following individual(s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### NOTICE TO OUR PATIENTS

Arizona law (A.R.S. §32-1401(27)(ff)) requires a physician to notify a patient when the physician has a direct financial interest in a separate diagnostic or treatment agency to which the physician is referring the patient for treatment or prescribing non-routine goods or services from, and whether the prescribed treatment and non-routine goods or services are available elsewhere on a competitive basis. We support this law, because it helps patients make reasoned financial decisions concerning their medical care. In compliance with the requirements of this law, you are being advised that Dr. Evangelista:

1. Has ownership interests in Pima Surgery Center and Insight Pharmaceutical Solutions. The services and products these entities provide are available elsewhere on a competitive basis.
2. Periodically serves as a consultant for Smith & Nephew and Synthes, Inc., both of which are implant companies. There are other implant companies that provide implant products on a competitive basis.
3. Has contracts with Scottsdale Health to provide trauma coverage and medical director duties. There are other hospitals in the area that provide inpatient and outpatient services on a competitive basis.
4. Rents office space from Simon Medical Imaging. There are imaging services available elsewhere on a competitive basis.

The law provides for the acknowledgement of your having read and understood these disclosures by dating and signing this form in the space provided below. We will keep the signed original in your patient file and you will receive a copy.

**ACKNOWLEDGEMENT:** I have read this "Notice to Patients" form, and understand the disclosures that it contains.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Patient or Guardian