

PATIENT PAYMENT AND APPOINTMENT CANCELLATION POLICY

SCNM Medical Center requires payment in full at the time services are rendered with the exception of patients who have been authorized by insurance submissions.

Appointments

SCNM considers an appointment to be an agreement between you and our Medical Center. If for any reason you need to and do not cancel your appointment our providers become unavailable to provide service to another patient. You are responsible for giving us a 24-business hour notice of cancellation for appointments. Should you decide not to keep your appointment without giving appropriate notice you will be charged \$25.00. You will be required to pay for the missed appointment fee prior to your next visit. You may call 480-970-0000 or e-mail PSR@scnm.edu to cancel appointment.

Insurance Coverage

If you have insurance coverage accepted at SCNM Medical Center inform Patient Services to initiate verification of benefits before your first visit. A benefits verification form listing covered services will then be given to you prior to scheduling your appointment. If you receive services prior to our verifying benefits, you will be responsible for paying for those services in full.

Non-Contracted Insurance

Other non-contracted insurance plans may reimburse for all or part of your services provided at the center; however, payment is still required at the time of service. Claims submission is your responsibility; however, we are pleased to provide you with a pre-printed standard claim form to facilitate your claim submission.

Other Payment Option

If you are experiencing limited earnings, you may apply for our sliding scale plan. Upon notification that you qualify for the sliding scale plan, you can begin to schedule appointments under this plan. Payment is due at the time of service or the discount is void and the patient will charged full price for services.

By signing below, I understand and agree to the patient payment and cancellation policy. I guarantee payment of all charges incurred as a patient of the SCNM Medical Center.

Print Patient Name

Patient or legally authorized individual signature

Patient or legally authorized individual signature

Printed legally authorized individual signature

MR Number (Office Use Only)

Date

Relationship (self, parent, legal guardian, personal representative, etc.)