

Financial Policy and Patient Agreement

Thank you for choosing Arizona Endocrine Surgery (AES) for your care. We are committed to delivering high-quality medical services while maintaining transparency about our financial policies. A strong physician-patient relationship begins with clear communication and shared understanding. This document outlines your responsibilities and our policies, and it serves as a mutual agreement upon your signature.

1. General Patient Responsibilities

By signing this document, you agree to the following:

- I understand the AES Patient Intake process requires that I provide requested medical records, test results & imaging reports for AES to determine the appropriateness of my condition for AES services.
- I recognize that my appointment is not confirmed until I have received specific confirmation of date and time via email and that my requested date/time may not be approved.
- I am aware that Dr. Harding is an Out-of-Network (OON) provider. As such, all in-office consultations, evaluations, and non-surgical services are self-pay and must be paid in full prior to or at the time of service.
- I understand that my Insurance is not billed for in-office visits or related services.
- I agree that payment is expected online in advance of my visit.
- I understand that only surgical procedures are eligible for insurance billing and the AES billing team will work with my insurance provider to obtain prior authorization if applicable.
- I accept that I am responsible for maintaining updated condition, insurance, and contact information at all times.

Arizona Endocrine Surgery

2320 N. Third Street
Phoenix, AZ 85004
<https://www.azendosurg.com>

Phone (602) 340-0201
Fax (602) 889-2925
(602) 889-2926

Dr. Richard Harding, MD, FACS

Board Certified General Surgeon
Fellow, American College of Surgeons

2. Medical Information and Intake Procedure

To ensure secure and efficient care, I agree to:

- Provide medical records, test results & imaging reports before my requested appointment can be confirmed and scheduled for AES to determine if my condition is appropriate for AES services
- Present valid photo ID, insurance card(s), and Social Security number for HIPAA-compliant medical records processing.
- Use the **Patient Portal** to complete medical history and sign electronic consent forms before my scheduled in-office appointment.

3. Cancellation Policy

- **Office Appointments**
 - Must be canceled or rescheduled **at least 48 hours in advance** to avoid a **\$25.00 late cancellation fee**.
- **Procedures and Surgeries**
 - Require **72 hours' notice** to avoid a **\$250.00 cancellation fee**.
- Cancellation fees apply without exception and will be billed to the patient directly.

4. Insurance Participation and Billing

- AES **accepts Medicare** and operates as an **out-of-network provider** for all other insurance plans.
- While we may request **authorization for an OON exception** for surgical procedures, this does not guarantee coverage. Patients remain financially responsible for services not reimbursed.
- **Co-payments, deductibles, and co-insurance are governed by your insurance contract** and cannot be waived or adjusted by our office.

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5. Surgical Procedures and Prepayment Requirements

- Your estimated patient responsibility, including any deductible or coinsurance, **must be paid-in-full prior to surgery.**
- Anesthesia, facility, and other external provider fees are billed separately by those providers and are **your responsibility to manage and pay the providers directly.**
- If your insurance overpays or fails to apply your deductible, a credit will be issued and any refund processed promptly.

6. Credit Card Policy

- A **valid credit card** is required on file via the **Patient Portal** and will be used to cover outstanding balances.
- Accepted cards include **Visa, MasterCard, Discover, and American Express.**

7. Other Coverage Policies

- **Motor Vehicle Accidents (MVA) and Third-Party Claims:** We will bill the MVA insurer once. If payment is not received within 30 days, the balance becomes your responsibility.
- **Workers' Compensation:** If your injury is work-related, provide all case and carrier information before your appointment. If your claim is unaccepted, payment is due in full or submitted to your private insurance.

8. Form Completion Fees

- AES charges a **\$25.00 administration fee** for form completion requests.
- A signed Release of Information is required, and forms will be returned within 5 business days upon receipt of payment.

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9. Delinquent Accounts and Collections

- Insurance balances are expected within 30 days of claim submission.
- Patient balances are due within **10 business days** of receiving your statement or Explanation of Benefits (EOB).
- **Accounts unpaid after 60 days may be referred to collections**, and future services may be denied until resolved.

10. Alternative Payment Arrangements

- If you're unable to pay your full balance, please contact our office immediately. A signed payment plan agreement may be required.
- Patients with **prior delinquent accounts** must settle all outstanding balances before receiving additional care.

Acknowledgment and Agreement

By signing below, I acknowledge that I have read, understood, and agree to abide by the Arizona Endocrine Surgery Financial Policy. I understand that Dr. Harding is an Out-of-Network provider, and I accept financial responsibility for non-surgical services and any charges not covered by insurance.

Patient Name: _____

Signature: _____

Date: _____

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