



**Bella Vista Internal Medicine**  
**Jigna Patel, MD PLLC**  
2680 S Val Vista Dr, Ste 131 Bldg 6  
Gilbert, AZ 85296

## OFFICE AND FINANCIAL POLICY

Thank you for choosing **Bella Vista Internal Medicine (Jigna Patel, MD PLLC)** for your health care. We are committed to providing quality medical care for you. In order to reduce potential misunderstandings, our office has adopted the following Office and Financial Policy. We require that you read it and agree to abide by it prior beginning treatment.

### **Insurance**

Your insurance policy is a contract between you and your insurance plan. We cannot efficiently bill your insurance company unless you provide us with current and valid insurance information. We will file claims to those plans with which we have a contractual agreement. As a courtesy, we will file claims to those plans with which we do not have a contractual agreement as unassigned and the insurance company will send the payment directly to you, therefore full payment is expected at the time of service.

All health plans are not the same and they do not always cover the same services or facilities. In the event that your health plan determines that a service is "not covered" you will be responsible for the entire charge. This office is not responsible for disputing decisions made by your insurance carrier regarding coverage. Payment for services rendered is due by the 1<sup>st</sup> day of the month after the charge has printed on your statement.

We expect you to familiarize yourself with the benefits and limitations of your insurance policy including, but not limited to: deductible and co-payment amount as well as approved labs, radiology facilities, and hospitals contracted with your plan. It is your responsibility to notify our office when either your insurance plan or benefits change. Any cost incurred by this office because of incorrect information you provided to us will be passed on to you.

If you have insurance coverage with a plan with which **Bella Vista Internal Medicine (Jigna Patel, MD PLLC)** does not participate charges for your care and treatment are due at the time of service, unless prior financial arrangements have been set up by our Office Manager.

### **No Insurance**

If you have no insurance coverage **Bella Vista Internal Medicine (Jigna Patel, MD PLLC)** has implemented a Self Pay Fee Schedule for those services that are 'Medically Necessary'.

### **Deductibles/Copays/Payments**

Our insurance contracts require us to collect deductible amounts and copays at the time of service. These amounts will be collected prior to service being rendered. For your convenience we accept VISA and MasterCard in addition to personnel checks and cash. If your check is returned to us for insufficient funds, we will assess a



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service charge equal to the bank fees assessed to **Bella Vista Internal Medicine (Jigna Patel, MD PLLC)**.

### **Appointments**

Our goal is to provide the best possible care and physician availability to each of our patients. Our policy is to request you to call and cancel appointments 24 hours prior to scheduled appointment. Please call us, as early as possible, when you know you will need to reschedule and/or cancel an appointment.

### **Information**

I hereby agree that the enrollment information is correct and I also agree that any changes to the enrollment information will be communicated to **Bella Vista Internal Medicine (Jigna Patel, MD PLLC)** as required to fulfill the medical and financial obligation for services rendered. I hereby understand that if I provide incorrect insurance information that I will be financially responsible for the balance due for each date of service.

### **Narcotic Policy**

Narcotic medications are difficult to regulate and can be addictive. The providers of **Bella Vista Internal Medicine (Jigna Patel, MD PLLC)** will avoid their use whenever possible. Patients who require narcotics will be required to sign a 'Narcotic Contract' and each case will be reviewed individually and referred to a Pain Management Clinic for continued pain management as deemed medically necessary per individual.

### **Authorization**

I hereby request and consent that my medical records and non written records be sent to my referring physicians, those physicians or ancillary facilities that I am referred to by the **Bella Vista Internal Medicine (Jigna Patel, MD PLLC)** and to my insurance company or its agents that may be authorizing treatment. I further understand that my medical records may contain sensitive information and hereby authorize the release of all confidential HIV related information, communicable diseases related information, drug and alcohol abuse/treatment information and mental health diagnosis/treatment information to the above.

I hereby authorize payment directly to the attending physician for medical and/or surgical benefits, if any from the insurance carrier to **Bella Vista Internal Medicine (Jigna Patel, MD PLLC)** if paying cash; I am responsible to pay at the time of service.

\_\_\_\_\_  
Patient Name (Please print)

\_\_\_\_\_  
Signature of Patient and/or Legal Guardian

\_\_\_\_\_  
Date