ARIZONA SLEEP CENTER
Comprehensive Care For All Ages

7600 N. La Cholla Blvd., Unit 110, Tucson, AZ 85741
Tel: 520-849-7222 Fax: 877-414-2595
contact@mysleepdr.com

PRESCOTT PRACTICE POLICY

General Information: **PAYMENT IN FULL IS DUE AT THE TIME OF SERVICE.**
We accept checks and credit cards.

Regarding Insurance: **WE ACCEPT MOST MAJOR INSURANCE PLANS, BUT YOU ARE RESPONSIBLE FOR CHECKING YOUR CARRIER TO SEE IF SERVICES AT OUR OFFICE WILL BE COVERED.** We do require that all co-payments and deductibles/previous balance be made at the time of service. The balance is your responsibility whether your insurance company pays or not. It is your responsibility to **notify us immediately of any changes** in your policy information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance. You will be responsible for these balances. Additionally, it is your responsibility to obtain and track referrals for your visits.

Returned Checks: **THERE WILL BE A $50 RETURNED CHECK FEE ON ALL RETURNED CHECKS.**

Collection Fees: You agree to reimburse us the fees of any collection agency based on a percentage of a maximum of 50% of the debt, and all reasonable costs and expenses, including reasonable attorneys' fees incurred in such collection efforts. You will be charged to credit card on file, for any outstanding balance you owe at any time.

Missed Appointments: **UNLESS CANCELLED AT LEAST 72 HOURS IN ADVANCE, WE RESERVE THE RIGHT TO CHARGE $65 FOR MISSED OR LATE-CANCELED APPOINTMENTS.**

No Shows Appointments: If you No-Show two times within a period of one year, Arizona Sleep Center has the right to discharge you from the practice.

Medical Records Fees: Our office is contracted with eClinicalWorks to work on all the requests for medical records. **YOU MUST ALLOW TIME FOR US TO RELEASE YOUR RECORDS. DUE TO THE HIGH VOLUME OF REQUEST, THEY CAN TAKE UP TO 30 DAYS FROM THE INITIAL REQUEST. We do not give any print outs; we will post your test results to your portal, fax, or email records. If you insist on having a paper copy of your sleep study report and/or PAP prescription you will be charged $5 per page.**

Fees for additional Forms: Please be advised that due to the time required to complete forms there will be a fee for this service. These costs are non-covered by insurance companies and will be your personal responsibility.

Credit Card on File: I authorize Living Gem Professional Corporation (DBA: Arizona Sleep Center) to charge my credit card. I understand that my credit card information will be saved to file for future transactions on my account. Your credit card on file will be charged at any time without prior notice if you owe any balance. Payments are non-refundable.

Refills: **PLEASE ASK FOR REFILLS AT YOUR APPOINTMENTS TO COVER UNTIL YOUR NEXT APPOINTMENT. All prescriptions must be requested 10 business days in advance including medications and supplies. We do not accept electronic requests from pharmacy or DME suppliers. Patients must call and notify us when a prescription is needed.**

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FINANCIAL POLICY FOR SLEEP STUDIES:

I understand that my insurance company is being billed as a courtesy, and I agree that I am financially responsible for paying any charges not covered by my insurance company. If there is loss or damage to equipment, you as the patient are responsible for the cost to replace and/or repair.

Confirmation of the sleep study appointment is required, or the appointment is subject to cancellation. You must call us one week prior and confirm that you have read all the instructions on our website: www.mysleepdr.com and you are coming for your test.

A. In facility Sleep Study:

1. The patient agrees to arrive at the Sleep Center at the appointed date & time of said sleep study.
2. **Failure to arrive without 3 business days' notice will result in a No Call, No Show charge of $750, which will be billed to your credit card on file.**
3. The sleep study must run for a minimum of 6 hours for the insurance to cover the cost. If you are unable to stay for a minimum of 6 hours, you will be responsible for the full cost of the study. This cost will be charged to the credit card on file.
4. **If the sleep study needs to be canceled or rescheduled, we require a minimum of 3 business days' notice to avoid the $750 fee.**
5. If the patient cancels after the 3 business days window for an emergency, i.e. hospital admittance, ER visit, etc., proof of medical care is required to avoid a No Call, No Show charge.
6. You agree that your credit card on file will be charged at any time without prior notice if you owe any balance. Payments are non-refundable unless agreed in writing.
7. In lab sleep study operation is very costly to us. We check with your insurance to obtain prior authorization, and we utilize a professional cleaning company to clean the rooms/sheets. Upon agreeing to schedule a sleep study, a **$50 facility fee** to cover these costs, will be applied to your credit card. This is nonrefundable in case you change your mind to cancel the study or reschedule it. If you reschedule your sleep study after your insurance authorization is expired, you will pay this $25 fee again since your prior auth has to be re-done with your insurance and we need to work harder to fill the appointment slots (calling all the other patients and trying to reschedule their appointments etc.) We provide an exceptional service to get the results out within 3 days and see our patients back in 7-10 days after the study is completed therefore patients must understand and agree with our terms.

B. Home sleep study:

You must return the device no later than 10 am on the expected drop-off date. **You are responsible for paying $250 (two hundred fifty dollars for each date) if you return the device late**. Returning the device late impacts other patient's appointment.

If the home sleep study needs to be canceled or rescheduled, we require a minimum of 3 business days' notice to avoid $200 fee. No show to your scheduled appointment to pick up your test will also cost you $200.

If the device is lost or damaged $1000 will be charged to your credit card immediately.

Working with insurance companies could be very time-consuming, checking eligibility, prior authorization

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for the visit, determining deductible and co-insurance. A team of personnel works on behalf of patients to do all these as well as obtain records and charts preps for your visit with our providers. If the patient changes their mind and cancels or reschedules the appointment, we deal with significant lost time to refill the appointment slot. Therefore, you will be charged $65 in case of no show or late cancellation (less than 3 business days) for your new patient or follow up visit appointments. Our practice policy is that every patient must have a credit card on file. You can only reschedule your appointments up to two times a year.

Please note these extra charges below to cover our admin cost.

Scheduling and prior authorization admin charge for sleep studies: $50
No show-late cancellation: $65
Records transfer and processing fee: $30

CUSTOMER BILL OF RIGHTS: We believe that all customers receiving services from Arizona Sleep Center should be informed of their rights. Therefore, you are entitled to: Be treated with dignity, courtesy, friendliness, and to have your personal property respected. Receive a timely response when additional information is needed or requested. Be fully informed of Arizona Sleep Center policies, procedures and charges for services, including eligibility for third party reimbursement. Receive an explanation of all forms you are requested to sign. Receive services regardless of race, religion, political belief, sex, social status, age or handicap. Receive proper identification from personnel providing services. Participate in decisions including the right to refuse service within the confines of the law. Participate in decisions surrounding the formulation of advanced directives (i.e., living wills) and/or the consideration of ethical issues that may arise. Have all your records (except as otherwise provided for by law or third-party payer contracts) and all communications, written or oral, treated confidentially. Access to all health records pertaining to you and to challenge and have your records corrected for accuracy. Express dissatisfaction and suggest changes in any service without fear of coercion, discrimination, reprisal, or unreasonable interruption in service. Receive information on Arizona Sleep Center's mechanism for receiving, reviewing, and resolving complaints or concerns. Be assured that your rights are honored by all Arizona Sleep Center Staff. CONSUMER COMPLAINT & ABUSE HOTLINES: In the event of a complaint which is not resolved, the client or immediate family or caregiver has a right to report complaints, abusive, neglectful exploitive practices. To report a complaint regarding the services you receive: Call AHCA toll free 1-888-419-3456. To report abuse, neglect, or exploitation of a disabled adult or elderly person: Call 1-800-962-2873. If your concerns meet the definition of an emergency: First call 911 then call the Abuse Hotline. To report Medicaid Fraud call: 1-866-966-7226. To report Medicare Fraud call: l-800-MEDICARE(l-800-633-4227). Arizona Board of Pharmacy 602-771-2727.

SMS Terms of Service: You are agreeing to receive SMS messages from Arizona Sleep Center. This includes SMS messages for patient communication. Message frequency varies. Message and data rates may apply. See privacy policy at https://healow.com/apps/jsp/webview/policy.jsp. Message HELP for help. Reply STOP to any message to opt out.

Acknowledgement of Receipt of Privacy Notice and Customer Bill of Rights:

I have read, understand and agree to this Financial Policy:

_____ _____
Patient Name Date of Birth

_____ _____
Signature of Patient or Responsible Party Date:

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