Telephone: (480) 483-0393
Fax: (480) 237-9473
tarlowknee@gmail.com

Scottsdale Location	Uptown Phoenix Location
8630 E. Via De Ventura	4440 North 36th Street
Suite 105	Suite 100
Scottsdale, AZ 85258	Phoenix, AZ 85018

FINANCIAL AGREEMENT AND HIPAA POLICY

Acknowledgement of Receipt of Privacy Practices HIPAA ACT I acknowledge that I have received and/or read the HIPAA Privacy Policies at Advanced Knee Care.

_____ _____/_____/_____

Patient/Authorized Signer Date

FINANCIAL AGREEMENT:

ALL PATIENTS ARE EXPECTED TO PAY AT TIME OF SERVICE Advanced Knee Care, PC accepts Visa, MasterCard, debit cards, and cash. It is important to remember that insurance is considered a method of reimbursing the patient for fees paid to the practitioner and is not a substitute for payment. It is the patient's responsibility to pay any deductible, co-payment, co-insurance, and for procedures not covered by the insurance company. We do not determine the amount of coverage the patient will receive – this is determined by the insurance company. The patient must direct questions regarding medical benefits to the patient's insurance representative.

When necessary, we will do our best to work out financial arrangements satisfactory both to the patient and this practice. Once an arrangement is made, the patient/guarantor is expected to follow that payment plan. We prepare and submit the form HCFA-1500 (paper format and/or electronically) to participating insurance companies as a courtesy to our patients.

I hereby certify that I have read this Financial Agreement and I agree to accept full financial responsibility for payment of the charges incurred by the named patient, including any costs of collection and reasonable attorney's fees incurred in the collection of any amounts not paid, as required."

Signature_____ _____/_____/_____

Patient/Authorized Signer Date