

## Financial Consent for Services from Family Practice of Scottsdale

- I am fully financially responsible for the charges incurred during my visits to Dr. Jessica Ellsworth and Dr. Denise Schweda.
- Should I choose to utilize my insurance benefits as a form of payment I am aware that my insurance may not cover the charges incurred at my visit.
- I will be required to place a credit card on file with the office to use for any balances not paid by insurance per the office's financial policy. If I do not place a credit card on file I will be required to pay for that visit before my appointment.
- I am responsible to present current insurance at the time of service. Any insurance claim denials based on coverage not in effect are my full responsibility.
- Unpaid balances must be paid within 30 days and before my next visit, billing fees are assessed for multiple bills sent. Any unpaid bills greater than 90 days will be sent to collections.
- There is a \$50.00 fee for any missed appointments. It is due before attending the next appointment. Any appointment canceled with less than 12 hours notice will be considered a missed appointment.