



18555 N. 79th Ave, B-108
Glendale, AZ 85308

Welcome to Arizona Family Care

We are each committed to providing the finest personalized family care. Please carefully read and sign the following statement of our office policies prior to your treatment. Feel free to speak to our office staff if you have any question.

The patient or their guarantor is responsible for payment of services that are rendered. You are ultimately responsible for payment of services rendered if your insurance carrier does not pay for any reason. **IT IS THE RESPONSIBILITY OF THE PATIENT TO KNOW THEIR INSURANCE COVERAGE.** Please present your insurance card at each visit. We attempt to verify coverage before your visit with the information you provide. However, verification of coverage does not guarantee that the insurance company will pay for your visit. In order to keep billing costs to a minimum, all co-pays, co-insurance, and deductibles are to be paid on the day of the visit without exception. For your convenience, we accept MasterCard, Visa, cash and check. It is your responsibility to notify our office if there is a change in your insurance coverage, residence, or phone number.

If you need to cancel your appointment, please contact our office at least 24 hours before your appointment time. Because of the high demand for appointments, missed appointments prevent us from scheduling appropriately and to care for others in need of urgent care. A \$25 fee will be assessed for all missed appointments not cancelled with at least 24 hour advance notice.

There will be a \$25 service fee for all returned checks. NSF checks must be redeemed with certified funds (cashiers check, money order, cash).

Please plan ahead for prescription refills. We encourage you to address refills at the time of your office visit. Any change in medication, new prescriptions, or mail in prescription problems, requires an office visit. No prescription refills will be granted on weekends or after hours.

We respect your time and every attempt is made to run on schedule. Therefore, we ask you to arrive on time for your appointment. If you are late, you may be asked to reschedule. If your doctor is running behind and you need to reschedule, please notify the office staff. If you choose to stay, your visit will be given the same consideration.

I have read and I understand the above policy and I agree to abide by its terms.

Name of patient/responsible party

Signature

Date

t: 623.773.2848 f: 623.773.0370