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**FINANCIAL POLICY**

We are doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. The following is a summary of our payment policy.

**All payment is expected at time of service:**

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable co-payments and deductibles for participating insurance companies. You will be expected to show your insurance card at each visit and have a valid authorization or referral at the time of the appointment or be prepared to self pay. We accept cash, personal checks (in-state only), Visa, MasterCard, American Express and Discover Card. There is a \$25.00 charge for returned checks. Patients with a balance 60 days overdue must make arrangements for payment prior to scheduling appointments. Overpayments will be refunded upon written request to the responsible party within 30 days.

**Insurance:**

Your insurance policy is a contract between you, your employer and the insurance company. We are not party to that contract. Our relationship is with you. We bill participating insurance companies as a courtesy to you. Not all services are a covered benefit in all contracts. We will bill your insurance company twice but if we have not received payment from your insurance company within 60 days of the date of service, you will be expected to pay the balance in full. You may then bill your insurance company. You are responsible for all charges.

If you need assistance or have questions, please contact the billing manager 7:30-4:00 Monday through Thursday and 7:30-12:00 on Friday at 480-219-5917.

**Managed care:**

If you are enrolled in a managed care insurance plan (i.e., HMO, AHCCCS), it is the patient’s responsibility to obtain a referral or prior authorization from your Primary Care Physician, before being seen by our office.

**Walk in’s:**

We schedule all appointments in advance. If you walk in without an appointment you will be subject to an additional charge of \$100.00 in addition to your visit charge. If your insurance does not cover this charge you will be responsible for the entire amount.

**Missed appointments and late cancellations:**

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. If you miss your New Patient appointment without notifying us in advance you may be charged 100.00. For follow up visits that are missed you may be charged 25.00. Excessive abuse of scheduled appointments may result in discharge from the practice. If you are late for your appointment you may be asked to reschedule.

I have read and understand the San Tan Allergy & Asthma Financial Policy. I agree to assign insurance benefits to San Tan Allergy & Asthma whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections.

\_\_\_\_\_  
(Name of patient – please print)

\_\_\_\_\_  
(Date of birth)

\_\_\_\_\_  
(Signature of insured or authorized representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)