SITARA KOMMAREDDI, M.D. PLLC FINANCIAL POLICY

Thank you for choosing Sitara Kommareddi, M.D. PLLC for your surgical needs. The physician and staff are committed to providing you with the highest quality of care. This following financial policy is in place to assist you with any questions you may have regarding your financial obligation to this practice. We ask that you please review and confirm with your signature below. All billing is completed as a courtesy to our patients on behalf of their health insurance provider. Patients are financially responsible for all medical services.

INSURANCE

Although we are participants of many insurance companies, it is **ultimately your responsibility to confirm that Sitara Kommareddi, M.D. PLLC, or your individual doctor, is in fact a provider for your particular insurance.** We will submit a claim for payment for your services to your insurance as a courtesy, **but you are responsible for any copays or deductibles not covered by your insurance.** These are collected at time of service. If you are billed for any balance, payment is required within 30 days of receipt of a bill. Secondary insurance claims are filed as a courtesy, and become the responsibility of the patient if any payment is not received within 60 days of filing a claim. It is your responsibility to be aware of your benefits with your insurance. If your insurance information, copay, or coverage has changed at any time during your treatment, it is your responsibility to notify the office with the most current and up-to-date information.

PATIENT RESPONSIBILITY

Copayments and deductibles are due prior to being seen. **If you require a bill sent to you for your copay, a $10.00 processing fee will be added to your balance.** It is your responsibility to provide us with any referral required from your insurance. Any service deemed "non-covered" by your insurance will be your responsibility. If you do not have insurance, or we are not contracted with your particular insurance, you will be required to pay for services prior to receiving them. "Self-pay" accounts are eligible for a discount, which is due to any services; NO payment arrangements are made when any discounts have been applied. If a circumstance arises where payment arrangements are approved, the discount will be taken after all payments are received. If you fail to adhere to your payment agreement, your full balance along with additional fees will be assigned to a collection agency. If your account is referred to a collection agency, you will be responsible for all costs. If you need to reschedule or cancel your office appointment please contact our office 24 hours prior to your appointment to avoid a $25.00 fee. All appointments that are rescheduled a third time will require a prepayment charge of $25.00 which, is not associated with your required copay.

PAYMENT METHODS

For your convenience, acceptable forms of payments are; cash, check, money order, VISA, MasterCard, or Debit cards. Please note: if a personal check is returned for insufficient funds, there will be a $25.00 fee added to your account.

BILLING INQUIRIES

If you have any questions regarding a bill you received from our office, please feel free to contact our Billing Office Old Pueblo Practice Management at (520) 722-3777. Our office hours are 8:30am-5:00pm, Monday-Friday. Excluding national holidays.

Thank you for allowing Sitara Kommareddi, M.D. PLLC to be an important part of your medical care. For any further questions or concerns our staff is available to assist you.

ACKNOWLEDGEMENT AND AUTHORIZATION

I have read, and understand, and agree to the above financial policy. Regardless of my insurance status, I am ultimately responsible for payment for any professional services rendered. I authorize the release of any medical information necessary to process a claim for benefits under my policy and assign payment to Sitara Kommareddi, M.D. PLLC.

Signature_____ **Date**_____