

## Consent to Financial Policy

THIS CONSENT CONTAINS IMPORTANT INFORMATION ABOUT BILLING AND PAYMENT FOR PROFESSIONAL SERVICES RENDERED BY LIFESCAPE MEDICAL ASSOCIATES, PC. IT OUTLINES LIFESCAPE'S RESPONSIBILITIES AND THOSE OF ITS PATIENTS WITH REGARD TO BILLING AND PAYMENT FOR GOODS AND SERVICES RENDERED.

1. LifeScape Medical Associates, PC ("LifeScape") and most of its physicians participate with many health insurance plans. The most current list of insurance selections can be found on LifeScape's web site and confirmed by calling our office. If the patient is a member of one of these plans and receives professional services from one of our in-network providers, LifeScape will submit a claim to the plan for professional services rendered and, except as noted below, the patient will not be charged. It is the patient's responsibility to make payment at the time of service for any co-payment, co-insurance, or deductible due. **Any services not covered by a patient's insurance plan are also the patient's responsibility and payment in full is required at the time of service or denial by the insurer. Insurer delays and split claims are common and beyond LifeScape's control. Consequentially, patients may be billed, in whole or in part, well after the date of service. Insurance claims unpaid or only partially paid by the patient's plan 60 days following their submission by LifeScape may be billed to the patient directly with payment due upon receipt. LifeScape is not a party to the patient's insurance contract and ultimate financial responsibility for services rendered lies with the patient or the patient's guarantor.**
2. If a patient is not a member of an insurance plan with which LifeScape participates, including Medicare, or receives professional services from one of our out-of-network providers, **the patient must make payment in full at the time of service.** As a courtesy, LifeScape will submit an insurance claim on the patient's behalf and the patient can anticipate reimbursement according to the insurer's policies.
3. LifeScape provides or orders those professional services, products, tests, and referrals it believes to be in its patients' best medical interests. LifeScape, however, neither guarantees nor represents that its patients' insurance plans will deem such services, products, tests, and referrals "covered" or the charges "reasonable and customary." LifeScape is not responsible for its patients' insurance plans' arbitrary denials of or limits to payment.
4. It is the patient's responsibility to ensure that any authorization or referral for treatment required by his or her insurance plan is received **before their LifeScape appointment.** In the absence of a required authorization or referral, the patient's visit may be rescheduled or the patient may be personally responsible for payment for the services rendered by LifeScape.
5. It is the patient's responsibility to provide LifeScape with current insurance information and to present an active insurance card at each visit.
6. An adult accompanying a child under age 18 and/or the parent or guardian of the child is responsible for payment according to the terms described herein. LifeScape may reschedule non-emergency treatment for unaccompanied children unless charges have been pre-authorized or payment at time of service has been arranged.
7. LifeScape's staff is happy to help with insurance questions relating to a filed claim or to provide reasonable additional information required by the insurance carrier to process a claim. However, patients should direct questions about coverage for specific treatments or procedures to a

representative of their insurance company's member services department. The phone number for member services is usually on the insurance card.

8. Payment for professional services may be made by cash, check, debit card, or credit card. LifeScape accepts VISA®, MasterCard®, and American Express®. As a convenience, LifeScape offers *Easy Pay* credit card transactions for annual administrative fees—providing a safe, secure way to pay future charges without additional billings or paperwork. *Easy Pay* enrollment forms are available at our office and on our web site.
9. LifeScape charges an annual fee of \$25 per patient age five through twenty-three and \$60 per patient age twenty-four and above. This fee helps defray the cost of non-covered administrative expenses and is due at the time care is established and annually thereafter until LifeScape is notified in writing that care has been discontinued. All patients receive and are required to execute a separate Consent to Annual Fee prior to receipt of services. The foregoing notwithstanding, concierge patients are exempt from annual fees for non-covered administrative expenses and are not required to execute a Consent to Annual Fee.
10. Failure to timely cancel an appointment denies LifeScape the opportunity to fill that time slot and may prevent other patients from receiving the care they require. Therefore, LifeScape charges a fee of \$75 for appointments cancelled with less than six office hours advance notice. A patient who fails to keep three or more appointments without prior notice of cancellation may be discharged from LifeScape.
11. A \$25 returned item fee will be charged for each check returned or charge denied regardless of cause.

12. Interest will be charged at an annual rate of 18% on all past due patient balances.
13. Delinquent account balances may be referred to an agency for collection. All collection costs including, without limitation, attorney fees and court costs are and will remain the sole responsibility of the patient or the patient's guarantor.
14. In the event of a documented personal financial hardship, LifeScape may be able to offer special financial arrangements including payment plans and waiver of select fees.
15. Patients with a past due balance may be required to pay their balance in full before additional professional services are rendered.
16. Prompt payment for services rendered is an essential element of the patient-physician relationship. Failure to promptly pay for professional services rendered or respond to communications from our office regarding payment may result in discharge from the practice.
17. LifeScape reserves the right to change this financial policy in its sole discretion.

**For More Information:**

We are eager to help you in any way we can. We firmly believe that communication is the key to a successful patient-physician relationship.

If you have questions or would like additional information, you may contact our Billing Department at (480) 860-5500 extension 105.

**LifeScape Medical Associates, PC**

8757 East Bell Road

Scottsdale, Arizona 85260

[www.lifescapemed.com](http://www.lifescapemed.com)

**Effective Date: June 1, 2009**

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Receipt acknowledged and financial policy agreed to by:

\_\_\_\_\_  
Signature of the Patient or the Patient's Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
If not the patient, state your relationship to the patient or describe your authority to act on behalf of the patient