



SHERRY LEE YOUNG, M.S.N., F.N.P.-C
CEO / FAMILY NURSE PRACTITIONER

8607 North 59th Avenue, Suite C-3
Glendale, Arizona 85302

24 Hour Telephone
(623) 698-8848

Office (623) 847-0464
Fax (623) 847-0607 • Fax (623) 869-6718
straightfromtheheart@ix.netcom.com

FINANCIAL AGREEMENT

Payment is due at the time of your medical services unless other arrangements have been made with the Practice Administrator.

As a **courtesy** we will bill most medical insurance plans. **However, as the patient, it is your responsibility to understand your benefit plan (i.e. maximums, benefit exclusion & limitations plan, deductibles, co-insurance, pre-existing, etc.)**

Please be advised we will estimate your medical insurance benefit when possible. You will be responsible for any amount not covered by your insurance. _____ initials.

Because we are a Multi-Specialty Clinic and contracted differently under each insurance company with each provider, the staff at **Straight From The heart Medical Professionals** does their best to make sure if you require a Referral or Prior Authorization from your insurance company that we notify you. **However, as the patient, it is your responsibility to provide a current (check for the expiration date) Referral or Prior Authorization to our office at the time of service to prevent from being billed for the services. Your Primary Care Physician can assist you in getting the correct Referral and Prior Authorization to us.** _____ initials

We reserve time for each patient. There will be a fee of \$35.00 added to your account if you fail to cancel your appointment within 24 hours. *(If you are an AHCCCS patient, we reserve the right to discharge you from the practice after three "No Show" appointments).* _____ initials

All patient portions are due upon services rendered. In the case where we are billing your insurance, we may send you a statement for the remaining patient portion which is due upon receipt. _____ initials

For all patient balances that become older than 60 days there will be a late charge of 18% added to the balance of the account.
_____ initials

Methods of payment available: Cash

Patient or Guardian

Date

Thank you for letting us take care of your medical needs.