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**WASILLA**

3066 E Meridian Park Loop, Ste. 101 **⏐** Wasilla, AK 99654

(907)277-9700 **[P]** **⏐** (907)258-8010 **[F]**

**ANCHORAGE**

2751 DeBarr Road, Bldg. B, Ste. 310 **⏐** Anchorage, AK 99508

(907)277-9700 **[P]** **⏐** (907)258-8010 **[F]**

**Financial Policies**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am responsible for the payment of all charges associated with my visit. As a courtesy, and for my convenience, ***Surgical Specialists of Alaska*** will bill my insurance company when I have provided my insurance information. I am responsible for deductibles, co-payments, co-insurances, and uncovered services at the time services are rendered. I am responsible for contacting my insurance carrier if I am unsure of my coverage. If the insurance payment is not received within 60 days of billed charges, I am immediately responsible for the full account balance.

**Review and initial the following:**

\_\_\_\_\_ All co-payments, deductibles, and/or co-insurance are due at the time of service.

\_\_\_\_\_ If proof of insurance cannot be provided, patient will be deemed “self-pay”, and payment will be due in full at the time

of service.

\_\_\_\_\_ Private insurance is a contract between you and your insurance company. ***Surgical Specialists of Alaska*** will not

be involved in disputes between you and your insurance company regarding deductibles, co-pays, covered charges,

secondary insurance, “usual and customary” charges, etc. ***Surgical Specialists of Alaska*** will supply factual

information as necessary.

\_\_\_\_\_ If the patient is a minor, in the case of separation or divorce, the parent bringing the minor in for their appointment is

responsible to pay for services.

\_\_\_\_\_ Any balances on your account must be paid in full before you will be seen again, unless payment arrangements have

been made with the billing department.

\_\_\_\_\_ If you are here for a wellness visit/physical and have other health problems you wish to discuss with your provider

during this time, additional charges may be applied. Please note that these charges may or may not be covered by

your insurance. If you would like to update the reason for your visit, please see the front desk.

\_\_\_\_\_ Accounts with a balance of $10 or less will not generate a statement. Please refer to your insurance explanation of

benefits (EOB) to see if you owe a balance.

\_\_\_\_\_ A fee of $35 will be charged to the patient for any returned checks marked for NSF. The patients account will be

flagged until the debt has been paid. Payment must be made by cash, credit card, or money order.

\_\_\_\_\_ Methods of payment accepted: cash, personal checks, Visa, and MasterCard.

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Patient Signature (***Parent/Legal Guardian if patient is a minor***) Date