



Asser Youssef, MD.

6116 E. Arbor Avenue Suite#102 MESA, AZ. 85206

10210 N. 92nd St Scottsdale, AZ. 85258

*******FINANCIAL POLICY*******

Dr. Asser Youssef appreciates the confidence you have shown in choosing us to provide for your health care needs. The service you have elected to participate in implies a financial responsibility on your part. The responsibility obligates patients to ensure payment in full of our fees. Please contact your insurance company to verify coverage of our services. We allow 60 days for your insurance company to pay. After that time the unpaid balance is due and payable by patient.

Patient is responsible for payment and any coinsurance /copayment/ deductible as determined by our contract with your insurance carrier. We expect the co-payment at the time of service. If your insurance carrier denies any part of your claim, or if you or your physician elects to continue past approved period, you will be responsible for your balance in full.

*******CANCELLATION POLICY*******

We require a 24-hour cancellation notice prior to scheduled appointment. No show fee may result in \$50.00 fee. Which is payable by the patient.

*******RETURNED CHECKS AND OVERDUE ACCOUNTS*******

There will be a \$35.00 service fee on all returned checks. Accounts past due are subject to collection. Any attorney, collections, and court fees shall become your responsibility in addition to the balance due in this office.

*******SELF PAY*******

If there is no insurance coverage or if patient prefers to file own insurance claim patient is responsible for full payment at time of service.

-I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY AND AGREE TO ABIDE BY THE TERMS.

Patient name: _____ Date: _____

Signature: _____