

Keys to Understanding Your *Arizona Community Physician's* Bill

Highlighted areas point out where important information can be found on our newly formatted statement.

Date statement was printed →

Total guarantor portion due payable with this statement →

Section to complete if you wish to pay by credit card →

Name and address of person recorded as responsible party for account (Guarantor) →

Box to fill in the amount you are paying →

Remit to address →

Date of services provided and dates of financial transactions →

Description of services provided and financial transactions such as payments and adjustments →

Optional message area →

Billing summary →

Total balance due by patient →

Patient account number →

Arizona Community Physicians
5055 E. BROADWAY, STE. A-100
TUCSON, ARIZONA 85711-3640
(520) 795-4783
TAX ID: 860767800

PAGE: 1 of 1

JOHN DOE
123 MAIN STREET
ANYTOWN, USA 12345-6789

ARIZONA COMMUNITY PHYSICIANS
5055 E. BROADWAY, STE A-100
TUCSON, AZ 85711-3640

IF PAYING BY MASTERCARD, DISCOVER OR VISA, FILL OUT BELOW.
CHECK CARD USING FOR PAYMENT
CARD NUMBER SIGNATURE CODE
SIGNATURE EXP. DATE
STATEMENT DATE PAY THIS AMOUNT ACCT. #
10/27/2008 139.00 543210
PLEASE INCLUDE ACCT# ON YOUR CHECK
SHOW AMOUNT PAID HERE \$

STATEMENT

DATE	PHYSICIAN	DESCRIPTION	CHARGES	ACCOUNT ACTIVITY	PATIENT BALANCE
08/19/08	BARNETT	OFFICE VISIT EST LEVEL 3	86.00		86.00
09/26/08		PAYMENT INSURANCE		.00	86.00
08/19/08	BARNETT	NON PARTICIPATING PROVIDER			
09/26/08		CULTURE THROAT	25.00	.00	25.00
08/19/08	BARNETT	PAYMENT INSURANCE		.00	25.00
09/26/08		NON PARTICIPATING PROVIDER			
08/19/08	BARNETT	RAPID STREP TEST	28.00	.00	28.00
09/26/08		PAYMENT INSURANCE		.00	28.00
		NON PARTICIPATING PROVIDER			

DATE PATIENT NAME ACCOUNT NO. PAYMENT DUE UPON RECEIPT TOTAL DUE
10/27/2008 JOHN 543210 139.00

PAYMENTS APPLIED ON OR AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT.

For answers to questions about your Arizona Community Physician's Statement, please call a Patient Representative at (520) 795-4783.

Please keep a copy of itemized statements, as future statements may not include the details of the original.

Below is the back side of the statement. Please use this to inform us of any changes or corrections to your insurance information.

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . .

ABOUT YOU:
YOUR NAME (Last, First, Middle Initial)
ADDRESS
CITY STATE ZIP
TELEPHONE
EMPLOYER'S NAME
EMPLOYER'S ADDRESS CITY STATE ZIP

ABOUT YOUR INSURANCE:
YOUR PRIMARY INSURANCE COMPANY'S NAME
PRIMARY INSURANCE COMPANY'S ADDRESS PHONE
CITY STATE ZIP
POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER
YOUR SECONDARY INSURANCE COMPANY'S NAME
SECONDARY INSURANCE COMPANY'S ADDRESS PHONE
CITY STATE ZIP
POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER

Arizona Community Physicians Credit Policy

All charges are due and payable upon receipt of this statement unless other arrangements have been made with Arizona Community Physicians Central Business Office.

If you have provided Arizona Community Physicians with your most current insurance information, we will file an insurance claim to any insurance company as a courtesy to you. If we do not hear or receive payment from your insurance company within 45 days, that amount will be transferred to your responsibility. If your insurance has not responded or has denied payment, please contact them for an explanation. We will be glad to assist you in any way possible with your billing questions and/or concerns.

All Arizona Community Physicians reserve the right to obtain Assignment of Benefits and/or Waiver Form for payment of balances accrued at any of our locations.

It is ultimately your responsibility to know which Arizona Community Physicians provider does participate with your insurance plan, what procedures are allowed and to ensure Arizona Community Physicians has your most current insurance information.

Insurance overpayments are due to the Insurance Company and not to the patient.

In case of errors or questions about your bill, notify us

Arizona Community Physicians Central Business Office
5055 E. Broadway, Ste A-100
Tucson, AZ 85711-3640
Call us at: (520) 795-4783
or visit us on line at www.azacp.com