

Wilde Desert Family Medicine

*Dr. Jeffry Wilde NP James Rowley NP Heather Kinder



Jeffrey Wilde MD, PLLC

Wilde Desert Family Medicine

OUR FINANCIAL POLICY

We are committed to providing you with the best possible care. We are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to us. Please ask if you have any questions about our fees, financial policy, or our responsibility. It is your responsibility to notify the receptionist of any changes in your insurance coverage or if our visit is work related. If your visit is work related and not declared before your appointment an administrative fee will be charged to you.

Payments of cash, check, or money order, or any major credit card are accepted. If payment cannot be made at the time of service prior arrangements will need to be made with the office manager.

Your Insurance

Wilde Desert Family Medicine has made prior arrangements with many insurers to accept an assignment of benefits. We will bill those plans for whom we have an agreement and will only require you to pay the authorized payment at the time of service. There is a contractual obligation to collect the payment when you arrive for your appointment.

If you have insurance coverage with a plan that we do not have prior agreement with we will prepare and send the claim for you on an assigned basis. Please remember that your medical insurance is a contract between you and your insurance company. We file insurance claims as a courtesy to our patients. You are responsible for the timely payment on your account. If your insurance company has not paid the full balance within 60 days, you will have 15 days to pay the balance.

Self-Pay (No Insurance)

All patients who are self-pay are eligible for a 40% discount (subject to change) if paid in full at the time of service. All self-pay patients must pay their accounts in full within 30 days unless prior arrangements are made..

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

302 El Camino Real Bldg 11, Ste A., Sierra Vista, AZ 85635

P. 520-255-5475 F. 855-801-7998

WildeDesert.com

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No Show Policy

Notice time: 4 Business Hour notice is required for it to not be a No-Show.

First no-show: Life happens. We get it. No problem.

Second no-show: No show policy is sent to the patient. They must acknowledge the policy before rescheduling. ie. signed and returned the policy. Scan into the patient chart.

Third no-show: \$20 no-show fee.

Fourth no-show: \$20 no-show fee. A \$50 deposit must be made prior to scheduling any further appointments.

Fifth no-show: The \$50 deposit is forfeited. Another \$50 deposit is required to make another appointment.

Sixth no-show: The patient is sent a letter terminating them from being a patient at Wilde Desert Family Medicine.

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