

# Wilde Desert Family Medicine

## Jeffrey Wilde MD, PLLC



### FINANCIAL POLICY

04/06/2026

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 provide complete and accurate information for ALL active insurance coverage, including primary, secondary, and Medicaid plans, and to notify the receptionist of any changes at each visit. Patients must present current insurance cards or otherwise verify coverage at the time of service. Failure to provide complete and accurate insurance information at check-in may impact claim processing and coverage. 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 ensuring that all insurance information provided is accurate and complete, and for the timely payment of any balance 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.

# Wilde Desert Family Medicine

## Jeffrey Wilde MD, PLLC

Failure to provide complete insurance information at the time of service may result in claim denial due to timely filing limits. In such cases, the patient may be responsible for the balance, except where prohibited by law. If any insurance coverage, including secondary or additional plans, is not disclosed at the time of service, the practice cannot guarantee timely filing of secondary claims and may not be able to bill that insurance.

For patients with Medicaid coverage, including AHCCCS, all applicable state and federal regulations will apply. Patients will not be billed for covered services beyond allowable limits.

### **Coordination of Benefits**

If a patient has more than one active insurance plan, it is the patient's responsibility to ensure correct coordination of benefits (COB) with their insurance carriers and to provide accurate information regarding the order of coverage (primary, secondary, etc.) at the time of service. Failure to do so may result in claim denial or delays, which may become the patient's responsibility, except where prohibited by law.

### **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.**