

MAKE CHECKS PAYABLE TO:

IMS | INTEGRATED
MEDICAL
SERVICES

9250 N. 3rd St., Ste. 4010
Phoenix, AZ 85020-2432

ADDRESSEE:

PATIENT NAME

PATIENT RESPONSIBILITY

ACCOUNT #

PAYMENT DUE BY

DIVISION NAME

CREDIT CARDS ACCEPTED



SEE REVERSE SIDE

REMIT TO:

INTEGRATED MEDICAL SERVICES
9250 N 3RD ST STE 4010
PHOENIX AZ 85020-2432



Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

| DATE OF SERVICE | PROVIDER/PRACTICE NAME EXPLANATION OF ACTIVITY | PATIENT NAME | CHARGES AND DEBITS | PAYMENTS AND CREDITS | PATIENT RESPONSIBILITY |
|---|---|--------------|--------------------|----------------------|------------------------|
| | | | | | |
| <p>secure. convenient. pay online at: www.imsaz.org/payment</p> | | | | | |

MESSAGE:

Please pay your full patient responsibility within 15 days! Thank you!

PLEASE PAY THIS AMOUNT



PAYMENT DUE BY



PAYMENT DUE DATE

IMS | INTEGRATED
MEDICAL
SERVICES
9250 N. 3rd St., Ste. 4010
Phoenix, AZ 85020-2432

For questions concerning billing,
please call 602-633-3838

| |
|---|
| ADDRESS CORRECTION COMPLETE THIS SECTION IF YOUR ADDRESS ON REVERSE SIDE IS INCORRECT |
| NAME |
| ADDRESS |
| |
| CITY |
| STATE, ZIP |
| NEW PHONE |

| | |
|---|---|
| CREDIT CARD INFORMATION | |
| CARD NAME: <input type="checkbox"/> MC <input type="checkbox"/> V <input type="checkbox"/> AMEX <input type="checkbox"/> DISC | |
| CARD NUMBER: | |
| EXP. DATE: ___/___ | *AUTHORIZATION CODE: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Either 3 or 4 digits on back or front of card) |
| AMOUNT: | |
| NAME OF CARDHOLDER (PLEASE PRINT) | |
| SIGNATURE | DATE: |

FREQUENTLY ASKED QUESTIONS

How Much Do I Really Owe?

You are responsible for the amount listed in the **PAY THIS AMOUNT** box. If you disagree with how your insurance paid on your account, please contact your insurance company first prior to contacting our billing of fice.

What is my Insurance Status?

You will not receive a bill from us until your insurance has paid. If you did not provide us with the correct insurance information upon check-in you will be billed privately. We are happy to re-bill your claim to the appropriate insurance plan(s) if you supply us with the correct information within 60 days of your appointment.

Why isn't my previous payment shown?

Payments made prior to the statement date for previous balances are not reflected on this statement. Only remaining balances due are shown. Any payments made after the statement date will be reflected on your next statement.

What if my insurance doesn't pay?

If payment is not received by your insurance company, you are responsible for the outstanding balance on your account. It is your responsibility to know your insurance information and present the correct information to us upon check-in for your exam. If you do not present us with the correct information, we will consider your account private pay. If your insurance has changed, please call us with your new insurance information.

Why did I receive 2 bills?

This is a statement for services rendered by our office and charges for these services will not be shown on any other bill. You may receive a separate bill from the lab, the outpatient surgery center, or the hospital for services provided there.

What if I cannot pay in full?

Please call our billing department at (602) 633-3838 to discuss the possibility of a payment plan.

What insurances are you contracted with?

We are contracted with most major medical plans. Please call our office for the most current information regarding insurance companies with which we are contracted. You will still be responsible for your deductible, co-pay, or any amount your insurance plan deems patient responsibility.

What does Medicare pay on Exams?

Medicare pays 80% of medical claims **AFTER** your deductible has been met. You are responsible for your co-insurance in accordance with your plan. Medicare does not cover refractions.

DEFINITION OF TERMS

Co-Pay
A dollar amount contracted between you and your insurance company. This amount is required at the time of service.

Adjustment
A contractual agreement that has been made between your provider and your insurance company reducing the charges of the type of service rendered.

Deductible
Per your insurance contract, the Deductible is the annual amount that must be paid out of pocket before an insurer will cover any expenses.

Co-Insurance
A percentage of the insurance benefits that you are responsible for paying.

FOR QUESTIONS OR CONCERNS REGARDING YOUR DEDUCTIBLE, CO-PAY, CO-INSURANCE OR SERVICES NOT COVERED BY INSURANCE, PLEASE CALL YOUR OWN INSURANCE COMPANY AT THE NUMBER LISTED ON YOUR INSURANCE CARD PRIOR TO CALLING OUR BILLING OFFICE.