

FINANCIAL POLICY

True Precision Medical · Effective September 30, 2026

This explains how billing works here, what your insurance covers and does not, and what you are responsible for. We verify your benefits before you come and tell you what to expect, so that nothing about the cost of your care arrives as a surprise.

YOUR RESPONSIBILITY

Financial responsibility. Your insurance policy is a contract between you and your insurance carrier. You are ultimately responsible for payment in full for all medical services provided to you. Any charge not paid by your carrier is your responsibility, except as limited by our specific network agreement with that carrier, where one is in place.

Keeping your information current. Tell us promptly when your insurance or billing information changes. Carriers set a deadline for submitting a claim. If we cannot process your claim within it because the information we hold is wrong or because you have not responded to your carrier, the charges become your responsibility.

Who owes us. If a person other than the patient signs this policy as the responsible party, that person and the patient are each independently responsible for the entire balance, and we may pursue either of you for all of it. A divorce decree, custody order or other agreement between you and a third party does not change what you owe us.

Assignment of benefits. You assign to True Precision Medical all benefits payable for services we provide, and you authorise your carrier to pay us directly. You also authorise us to release the information your carrier needs to process the claim. If your carrier pays you instead of us, you agree to forward that payment to us promptly.

UNDERSTANDING YOUR BENEFITS

Copay. A fixed amount due at check-in for each visit. Specialist copays are often higher than the copay for your primary care physician.

Deductible. The amount you pay each plan year before your carrier begins paying for certain covered services. Some plans carry a separate surgical deductible that procedures count toward.

Coinsurance. A percentage of the cost of a visit or procedure that is yours. If your plan also has a deductible, the deductible is met first.

Once your carrier has processed the claim you will receive a statement for anything remaining. Your carrier is the authority on your own coverage — we encourage you to call them directly with questions about your specific plan.

PAYING FOR YOUR CARE

Copays and deductibles. Due at the time of service, as your plan requires.

Procedures. We may ask for payment of your estimated share at the time a procedure is scheduled, and we may decline to schedule until that arrangement is made.

What an estimate is. An estimate is not a quote and not a guarantee. It reflects the benefit information available to us when we prepare it, and your plan is the only authority on your own coverage. What you finally owe is determined by the services actually provided and by your carrier's processing of the claim. You remain responsible for any balance, and you may request a refund of any overpayment.

If you do not have insurance. You are a self-pay patient if you have no coverage, if your carrier will not pay for the service, or if you ask us not to bill your carrier. You are entitled to a written good faith estimate of your costs before you are seen.

Appointments you cannot keep. Please give us as much notice as you can, and at least one business day. We may charge a fee for a missed appointment or a late arrival, at the single uniform amount shown on the schedule of administrative fees posted at our front desk. That amount is the same for every patient regardless of how their care is paid for. The charge is for the reserved time rather than for any service, so it is your personal responsibility and is never billed to a carrier.

Returned payments. A returned cheque or failed payment may be subject to a fee.

INSURANCE, REFERRALS AND AUTHORISATION

Network participation. We hold agreements with many carriers but not all. It is your responsibility to confirm with your carrier that your provider participates in your plan. Out-of-network care usually carries higher deductibles and copays, which are yours.

Referrals. If your plan requires a referral to be seen here, obtaining it before your appointment is your responsibility.

Prior authorisation and non-covered services. As a courtesy we make a good faith effort to determine whether a service is covered, whether prior authorisation is required, and to obtain it on your behalf. That courtesy does not transfer the responsibility: confirming that a service is a covered benefit under your plan remains yours.

BALANCES

Statements. Balances are due within 30 days of your first statement. If you believe a charge is wrong, tell us in writing within 30 days of the statement date, saying what is wrong and why. We will look into it and respond. A charge not disputed in writing within that period is treated as correct and agreed.

Interest. A balance that remains unpaid 30 days after your first statement accrues interest at 1.5% per month (18% per year), or the highest rate the law allows if that is lower, from the statement date until the balance is paid in full.

Cost of collection. If your account is referred for collection you agree to pay the costs of collecting it, including collection agency charges, court costs and reasonable attorney fees, whether or not a lawsuit is filed, and including any appeal and any effort to collect a judgment.

Unpaid accounts. If your carrier has not paid within a reasonable time, we may transfer the balance to you. Where an account remains unpaid and no payment arrangement is in place, we reserve the right to refer it to a collection agency, which may be reported to credit bureaus, and to decline to schedule further non-urgent care until the account is resolved.

Payment arrangements. Call us before an account reaches that point. We would far rather set up a plan you can keep than send anything to collections.

Card on file. If you give us a payment card to keep on file, you authorise us to charge it for copays, deductibles and coinsurance at the time of service, and for any balance that remains after your carrier has processed the claim. For a balance after insurance we will send you a statement first and will not charge the card until at least 30 days later. You may withdraw the card at any time by telling us in writing.

Contacting you about your account. You authorise us, and anyone servicing an account on our behalf, to contact you about it at the telephone numbers and email address you have given us, including a mobile number, by call,

voicemail, text message or email. Message and data rates may apply. You may withdraw this consent, or ask us to use a different method, at any time.

Refunds. Overpayments are refunded once every carrier has finished processing. Call (480) 616-0356 to request one and allow up to six weeks.

RECORDS AND FORMS

Medical records. You may request a copy of your medical and billing records; a reasonable, cost-based fee may apply. There is never a charge to send your records to another treating provider.

Other forms. We may complete forms such as FMLA, short-term disability or a disability parking permit at the provider's discretion. These require an office visit and may carry a fee.

GENERAL TERMS

Governing law. This policy is governed by the law of the State of Arizona, and any action arising out of it is brought in the state or federal courts sitting in Maricopa County, Arizona.

Changes. We may update this policy. The version in effect on the date of your service is the one that applies to that service, and a current copy is always at the front desk and on our website.

If part of this is unenforceable. If any part of this policy is held unenforceable, the rest of it stays in force.

What this does not affect. Nothing in this policy limits your rights under the No Surprises Act, your right to a good faith estimate, your rights under HIPAA, or any other right the law gives you that cannot be given up by agreement.

QUESTIONS AND CONTACT

Billing · (480) 616-0356

True Precision Medical, 5133 N Central Ave #101, Phoenix, AZ 85012

A current copy of this policy is available at our offices and at trueprecisionmedical.com/financial-policy.