



# Casalim Family Medicine

Brian Donovan M.D.

## Financial Policy

*January 1, 2024*

We require the proper information prior to being seen in order for your insurance to be billed. If any insurance information is missing or invalid, you will be required to pay for your visit at the time of service.

Initial \_\_\_\_\_

You are required to give a 24 hour notice if you are cancelling or rescheduling your appointment or you may be charged a \$50.00 fee.

Initial \_\_\_\_\_

All applicable copays are due at the time of service or there will be a \$25.00 service fee.

Initial \_\_\_\_\_

For any reason your account is forwarded to an outside collection agency for payment, you will be responsible for all reasonable costs incurred to collect payment.

Initial \_\_\_\_\_

Patient Name (Printed) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

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