



MRN: \_\_\_\_\_

**WELCOME TO ARIZONA COMMUNITY PHYSICIANS**



**When you see the provider, your insurance contract may require that we collect some or all of the following:**

**Co-pay.....Required by the insurance company.**

**Deductible.....The amount still unpaid for the year.**

**Co-Insurance...% of the bill not covered by insurance.**

**Balance Due.....Any previous unpaid balance.**

**Any deductibles collected are an estimated amount and there may be additional charges. Thank you for helping us stay compliant with your insurance company.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date