



MILE HIGH *Family* MEDICINE
OFFICE FINANCIAL POLICY

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

1. On arrival, please sign in at the front desk and present your **current** insurance card at every visit. If the insurance company that you designate is incorrect, you will be responsible for payment of the visit.
2. If we are your primary care physician, please make sure our name or phone number appears on your card. If your insurance company has not been informed that we are your primary care physicians as of this date, you may be financially responsible for the visit.
3. According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
4. We do not take tertiary insurance plans.
5. It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure, and what services are covered. If services are not covered you will be responsible for any non-covered services.
6. If our physicians do not participate in your insurance plan, payment in full is expected from you at the time of your office visit. **For scheduled appointments, prior balances must be paid prior to the visit.**
7. If you have no insurance, payment for an office visit is to be paid at the time of the visit.
8. If previous arrangements have not been made with our billing department, any account balance outstanding greater than 6 months before my account will be forwarded to a collection agency.
9. Overdue balances occur after 3 months. You can set up a payment plan with our billing department to ensure all account balances stay current. A payment must be made on your overdue account before or at the time of your visit. If you do not set up a payment plan or settle your account in full we will not be able to render services. At 6 months your account will be sent to collections. We again ask all patients to stay current with their account balances.
10. We require 24-hour notice for canceling any appointments. There is a **\$50.00** charge for missed or appointments not cancelled with in 24 hrs notice.
11. A **\$25.00** fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.
12. Before making an annual physical appointment, check with your insurance company whether the visit will be covered as a healthy visit. Not all plans cover annual healthy physicals or hearing and vision screenings. It is your responsibility to know your insurance plan benefits. If it is not covered, you will be responsible for payment at the time of visit.
13. Not all services provided by our office are covered by every plan. Any service determined to not be covered by your plan will be your responsibility.

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name(s) _____

Responsible party member's name

Relationship

Responsible party member's signature

Date