

Financial Policy

As your physician(s), we are committed to giving you the best possible medical care. To achieve this goal, we need your assistance and understanding of our payment policy.

1. It is your responsibility to provide us with your most current insurance information. If you fail to provide accurate insurance information in a timely manner, your insurance company may deny the claim. If the claim is denied, you will be financially responsible for services rendered.
2. Co-payments, coinsurance and/or deductibles are **due at the time of service**. We will estimate the amount you owe based on information we receive from your insurance company. However, you are responsible for paying the full amount determined by your insurance company once they have paid your claim – regardless of our estimation.
3. Once you are taken back into our exam rooms you are financially responsible for any and all services rendered; even in the event of our physician deeming it medically necessary for you to seek higher medical attention at the hospital.
4. It is your responsibility to provide us with your most current billing information, all available telephone numbers and any other important contact information. If you address or contact information changes, it is your responsibility to contact us with the updated information.
5. We will send a statement (to the billing address you provide) notifying you of any balances you may owe. If you have any questions or dispute the validity of this balance, it is your responsibility to contact our business office within 30 days after receipt of the initial statement. You can contact the billing office at (303) 659-9700.
6. **Payment in full is due upon receipt of the statement.** Patient balances not paid in full within 30 days of the statement issue date are deemed past due. Past due accounts may be referred to a professional collection agency and/or attorney for further collection activity.
7. If you are not able to pay the balance due in full, you must contact our billing office to discuss a payment schedule. If you fail to make payments as agreed upon, your account may be referred to a professional collection agency and/or attorney. You will be responsible for all collection costs incurred, including attorney's fees and court cost if applicable.

Full payment is due at the time of service. We accept cash, checks, and credit cards.

I have read and understand this financial policy.

_____ / _____ / _____

Patient Name Printed

Patient Signature

Date