

FINANCIAL POLICY

We hope that you will recognize that our financial policy is a necessary part of assuring the resources required to maintain this health care service for our patients and for the community.

Charges for medical services are due and payable at the time services are rendered. Charges for medical care provided by this medical practice will be billed through our office and should not be confused with charges for medical care provided by the hospital. We accept Visa and MasterCard as well as personal checks, money orders, and cash. It is extremely important that we obtain complete information about your primary and supplemental insurance companies, including phone numbers and addresses.

Preauthorization and second surgical opinions have become requirements for a majority of insurance companies. We will pre-certify all inpatient stays and outpatient surgeries. We will also determine if pre-certification is needed for any outpatient testing. We insist that when a surgery or procedure (MRI scans, CT scans, outpatient surgery) is scheduled, that you contact your insurance company immediately to determine what, if any, preauthorization requirements the insurance company deems necessary before the surgery or procedure and check your benefit allocations. You will need to initiate the communication between you and the insurance company. You are responsible for knowing your insurance benefits.

If you have health insurance, it should be understood that this is an agreement between you and your insurance company. Your doctor's bill, on the other hand, is an agreement between you and your doctor. You are responsible for the payment of your doctor's bill regardless of the status of your insurance claim. If unusual circumstances should make it impossible for you to meet our credit terms, we invite you to call and personally discuss the matter with our business office. The phone number for the Business Office is 970-542-0444. This will avoid misunderstandings and enable you to keep your account in good standing. Except when hardship or previous credit arrangements warrant otherwise, accounts 75 days past due are referred to a collection agency.

Contracted Insurance: We directly contract, through the various physician organizations or independently, to provide service for some insurance companies. Ask our receptionist if your insurance company is in this contracted category. If you are enrolled with one of these companies, you will pay only the co-pay, co-insurance and deductible fees that are predetermined by your insurance group or employer. You will be asked to pay any co-pays and deductibles at time of service. Some services may be deemed non-covered or medically unnecessary by your insurance company. If so, you are directly responsible for the charges incurred. Any balance remaining after the insurance payment is made is due to our office within 10 days.

Non-contracted Insurance: You are responsible for knowing what physicians are contracted with your plan. If you choose to go outside your network then you are responsible for payment. Our fees are calculated based on a nationally recognized scale.

Medicare: We accept assignment from Medicare, so all payment from Medicare will be made directly to the doctor. We bill Medicare and your supplemental insurance directly. We are required by Federal Law to collect the amount Medicare *approves* not just the 80% they pay. This means that the patient pays 20% of the approved charge either out of pocket or through their supplemental insurance.

Medicaid: It is imperative that you present your Medicaid card to the front desk on a monthly basis. We accept assignment from Colorado Medicaid, so all payment from Medicaid will be made directly to the doctor. There are several Medicaid HMO plans available now and this information can change on a monthly basis. You must keep our office informed if you change from one plan to another.

We will work with patients in any way we can to ensure that their medical care is the finest available.

Your signature below authorizes Colorado Urology Center to bill insurance on your behalf; authorizes payment of any insurance benefits to Colorado Urology Center for services provided to you and authorizes release of any medical information necessary to process your claim for benefits. Your signature also affirms that you have read and understand our policies and that you are responsible for any unpaid balances on your account to include co-payments, deductibles, co-insurance, non-covered and non-authorized services. Thank you.

Signature

Date

Print Name