

## Boulder Endocrinology, PLLC Financial Policy

**Our commitment** is to provide the very best care to our patients, providing appropriate treatment while avoiding unnecessary services. To meet this commitment, we recognize the need for a definite understanding and agreement concerning your health care and financial arrangements for that medical care. Your clear understanding of our financial policies is important to our professional relationship.

**Professional fees:** As endocrinologists, we charge a consultation fee for office visits or hospital evaluation. This fee covers our medical evaluation, review of diagnostic tests, and decision making. A fee is also charged for each procedure that we perform. Our fees for medical services are comparable to other similarly trained physicians in the community and reflect the complexity of your specific needs, the physician time dedicated to your care, the specialized nature of the doctor's training and education, equipment and supplies, and support costs associated with providing and coordinating your care.

**Patient Payments:** We will estimate your out of pocket expenses for office visits and office procedures based on your deductible and coverage, and require that you pay this at the time of service. Should the cost differ from the actual insurance payment we will send you a statement once we have received information from your insurance company. **Payment of any remaining balance is required within 30 days.** We will refund any overpayment.

**Insurance Payments:** We participate in assignment of payment with **specific** insurance plans, including Medicare. When the correct insurance information is provided, we will submit your claims as a courtesy to you, our patient. Your insurance coverage is a contract between you and your insurance plan. You are responsible for unpaid balances left on your account regardless of the amount your insurance coverage. We recommend you verify your coverage benefits with your insurance company. If you are not billing a third party or health insurance, full payment is required at the time of service.

**Bad Checks:** Checks not honored by your financial institution will be subject to a \$20.00 charge, and your account may be placed immediately with a third party collection agency for collection.

**Collection Agencies:** If 60 days have passed since your initial statement, and no attempt has been made to pay your balance or enter into a payment agreement, your account will be turned over to a third party collection agency (which can adversely affect your credit report). You will be dismissed from our practice.

For further details regarding our office policies, please contact Christine at 303-586-5200.

Customer authorizes insurance benefits to be paid directly to the physician and accepts financial responsibility for all non-covered services. Customer also authorizes the physician to release any information required in the processing of this claim and all future claims. Customer hereby acknowledges that any account that becomes delinquent will be subject to a collections agency. Customer agrees to pay all court costs and reasonable attorney fees for collection of all past due amount owed plus interest thereon at 18 (eighteen) percent per annum on all such amounts outstanding. Customer agrees to this financial policy.

Patient Name (Print): \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_