

Financial Policy

You are valued as a patient within our practice and we feel it is important to keep you informed that there are ongoing changes in the healthcare industry. These changes may affect you in the services that you may receive that are covered by your insurance carrier, or in services that you receive that are determined to be due and payable directly by you.

Cancellation Policy

Please be aware that our office **may charge a fee of \$25.00** if 24 hours' notice is not given for cancellations. The doctor has set aside a significant amount of time for your appointment. In order to be able to accommodate the needs of all of our patients, we need adequate notice if you cannot keep your scheduled appointment. A patient will be dismissed after 3 no show appointments.

Insurance Identification

We will make every effort to properly identify your coverage and to submit claims on your behalf to your carrier to obtain their prompt payment. **It is your responsibility to present your current insurance card at the time of each visit in order to correctly bill your insurance.** The terms of your coverage may limit the providers you see, the hospitals and laboratories you may use, the physicians you may be referred to and pre-authorization of certain services and procedures. **Please assist us in helping you to meet the terms of your coverage by presenting your current insurance card at the time of each and every visit.**

Non-Covered Services

The terms of your insurance coverage have specific guidelines that indicate services that are covered and services that are not covered under your health insurance policy. It is possible that your insurance may not cover services that our physicians feel to be necessary in maintaining your health. We ask that you become familiar with your insurance policy and identify for your own knowledge services that are not a benefit of your policy.

Preventative Health Services

Preventative health services, such as annual exams, well woman checkups, complete physical exams, etc., vary in coverage from carrier to carrier. There are many carriers who do not provide benefits for routine care and preventive medical services. We feel strongly that screening for a potential health problem is an essential component of maintaining your health and do request that you schedule and receive these important services when recommended by your physician. It is your responsibility to understand the terms of your policy with regards to preventative and routine services. Payment arrangements may be made as necessary when these services are not covered.

Non-Physician Services

There may be times within our practice when you receive services such as injections, blood pressure checks, drawing of blood for evaluation of a condition and not see a physician directly on the same day. These nurse services are processed as a minimal office visit within our practice as outlined under the

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American Medical Association’s current procedural guidelines for correct coding procedures. Some insurance carriers do not require patients to make co-payments for minimal office visits. However, there are some that do require a co-payment from you for these services. If your insurance carrier is one that requires co-payment for minimal office visits, you may be billed for this at a later date.

Compliance with Guidelines and Requirements of Health Insurance Carriers

It is our office goal to accurately and clearly identify to your health insurance carrier the services that you receive and the reason you received these services. Please do not ask our physicians or our staff to alter our reporting of the services you receive or are about to receive. **Any alteration in our coding system would be considered fraudulent and we simply are not able to alter our coding in any way.**

Out of Pocket Expenses

All out of pocket expenses, which are based upon the terms of your coverage, are due and payable at the time services are rendered. **Co-Payments, under the terms of your coverage, must be paid at the time of service.** We do require that patients without health insurance coverage make full payment or payment arrangements at the time of service. Payment arrangements will require that you do remit a payment every thirty days. Our billing office will submit to you a statement of your balance due based on the information we receive from your insurance carrier. If you disagree with their determination, you will need to contact them directly.

Patient Paper Work

The office will charge a flat fee of \$25.00 to complete patient paper work. The fee must be paid when you pick up your documents.

Please be aware that we remit all patient accounts showing no activity or contact for any 60 day period to Western Collections Services of Denver. If you have questions, regarding this matter, please contact our billing office at 720-214-1302.

Thank you for your support in complying with our financial policy.

My signature below indicates that I have been provided the opportunity to both read the office financial policy and ask questions, and that I agree to comply with this policy in providing payment for services rendered.

Clearly Print Name

Patient’s Date of Birth

Signature

Date