

FAMILY PRACTICE ASSOCIATES, P.C.

433 Summit Blvd, #201 ♦ Broomfield, CO 80021 ♦ 303-673-9090

FINANCIAL POLICY

Co-pays: Due at the time of service, and we reserve the right to refuse treatment. If a co-pay is not paid, a \$10 fee may be assessed to the patient's account, this is not billable to your insurance.

Self-Pay: There is a discount for self-pay patients. This applies to the office visit, procedures, immunization admin charges but not vaccines or tests. Self-Pay patients are required to submit a \$150 deposit prior to being seen. Deposit must be cash/charge/debit. After the visit, the charges will be determined as accurately as possible. If the patient leaves without checking out, the \$150 will be used towards the visit and no discounts will be given. Once the doctor's notes have been completed, there may be additional charges that weren't on the fee ticket at the time of service.

Account Balances: Any past due balance (Deductibles, Co-Insurance, Non-Covered, Collections, Bad Debt) must be paid before an appointment. If upon arrival the patient is not prepared to pay, the visit may be rescheduled. A payment plan may be established for past due balances but not for current and future visits. Patients must leave a credit card on file to be run at set intervals for a payment plan.

Collections/Bad Debt: Any past due balances must be paid prior to setting an appointment. An overdue account may be sent to a Collections Agency after 120 days.

Cancellations: There may be a \$50 fee assessed to the patient's account if they don't call to cancel their appointment at least 24-hours in advance. The same fee applies to patients that don't come to their appointments. These fees can't be billed to insurance.

NSF Returned Checks: A \$40 fee will be assessed to the patient's account for any returned check.

Physicals/Wellness Exams: Please note the physician may or may not treat acute issues during a physical. The time allowed is for the physical exam only. An additional appointment may be needed to address the acute issue. If the physician does address other issues, the patient may receive a bill for these services since they are not part of the Wellness Exam.

Auto Accidents: We will bill the patient's health insurance. For self-pay patients, payment is due in full. We don't bill auto carriers but can provide necessary paperwork so the patient can file a claim.

Workers Compensation: We do not take worker's compensation appointments.

Insurance: Patients are responsible for providing my current insurance card and ensuring its accuracy and any other information for insurance verification at each visit. I am also responsible for any copays, coinsurance and deductibles, or other patient responsibility amount that may be due, as outlined in my insurance policy. I acknowledge that I am responsible for any outstanding balance that is not covered by my insurance. I may be required to pay for services if my insurance information is not provided, or if my insurance policy is not in effect.

Print Name: _____

Signature of Patient OR Personal Representative (Relationship)

Date