

**ABOUT FINANCIAL ARRANGEMENTS AND HEALTH INSURANCE**

We are committed to providing you with the best possible care. If you have medical insurance, we will work with you to help you receive your maximum allowable benefits. In order to reach these goals, please read and understand our payment policy.

Payments for services, including co pays are **DUE AT THE TIME SERVICES ARE RENDERED** unless payments arrangements have been approved and a signed Payment Agreement is on file with our office. We will be happy to help you process your insurance claim for your reimbursement.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

HOWEVER, PLEASE REALIZE THAT:

- Your insurance is a contract between you and/or your employer and the insurance company. We are not a party to that contract (with some exceptions- please ask if we participate with your health insurance plan). **YOU are responsible for providing us with current and accurate health insurance information in the form of a card within 48 hours of your appointment.** If you do not provide this information in time to comply with your insurance carrier's timely filing requirements, **YOU will be responsible for payment in full.**
- Our fees are generally considered to fall within the reasonable and customary range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of usual, customary and reasonable rates determined by most insurance carriers.
- Not ALL Services are Covered Benefits under ALL Contracts. Some insurance companies designate certain services as non-covered. We will gladly call for pre-certification, but it is important to understand that this does not guarantee payment. You are responsible for obtaining the necessary referrals and we will assist you with that process if necessary.

We emphasize that as health care providers, our relationship is with you, not your insurance company. While the filing of insurance claim is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE ASK US. WE ARE HERE TO HELP YOU.

By my signature below, I acknowledge that I have read and understand the above and that I have been advised that if it becomes necessary to use an outside collection agency to secure payment of the balance due, a 30% fee will be added to my account. I thus agree to pay all costs of collection, including attorney fees and waive my exemption under the constitution and laws of the state of Colorado.

\_\_\_\_\_  
**Patient Name (Please Print)**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Patient or Guarantor Signature**

\_\_\_\_\_  
**Date**