



1124 E. Elizabeth, Building C, Fort Collins, CO 80524 Phone: 970-484-0798

## Financial Policy

**Patients with in-network insurance coverage:** Payment of any co-pays, unpaid deductibles and non-covered services is required at the time of service. Failure to pay on the day of service will result in a \$5 billing charge. You must present your most current insurance card at each office visit. You are responsible for knowing your own insurance benefits, including which services are covered, and which lab is contracted with your insurance company. Rocky Mountain Family Physicians, P.C. (RMFP) is not responsible for any testing or outside lab charges.

**Patients with secondary insurance coverage:** RMFP will not bill secondary insurance companies unless Medicare is primary. Any other secondary claim submission is the responsibility of the patient.

**Patients without in-network insurance coverage:** If RMFP is not in-network with your insurance plan, you will be required to pay in full at the end of each visit. Failure to pay on the day of service will result in a \$5 billing charge. RMFP will provide you with a claim form so that you may bill your insurance for reimbursement. Payment arrangements with RMFP must be made prior to seeing your provider.

**Patients with no insurance:** Payment is requested at the end of each visit, or payment arrangements must be made prior to seeing your provider. Failure to pay on the day of service will result in a \$5 billing charge. RMFP will make every effort to have all charges on your bill at the end of your visit. If we miss something, we will notify you as soon as possible.

**Patients with high deductible insurance plans:** At your appointment, RMFP will ask you to pay \$100 for office visits, which will be applied to your deductible. All additional costs after insurance has been applied will be your responsibility.

At your appointment, RMFP will ask you to pay \$150 for procedures, which will be applied to your deductible. All additional costs will be collected as stated in the contract signed on the day of your appointment.

**Patients with no insurance cards:** If you cannot provide RMFP with all the billing information necessary to file your claim, we will ask you to pay in full at the time of service. Failure to pay on the day of service will result in a \$5 billing charge. Once you are able to provide all billing information, we will bill your insurance (if we are contracted) and refund your payment after we are paid by your insurance company.

**Interest/Other fees:** Past due balances will incur a finance charge of 1.7% monthly. We also charge \$35 for all non-sufficient funds checks written to us. We reserve the right to charge you a processing fee if we turn your account over to an outside collection agency, and to dismiss you from our practice. If you are dismissed from the practice we will not be able to reinstate you.

**Missed Appointments:** At least 24 hours' advance notice is required for appointment cancellation. Failing to cancel within the allotted time will result in a \$50 no show fee. A \$100 no show fee will be charged for all physicals and minor surgical procedures not cancelled. Patients will be dismissed from the practice after three no shows. Please help us to serve you better by keeping scheduled appointments.