

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

## Financial Policy

Thank you for choosing Rocky Mountain Family Physicians, P.C. as your primary care provider. We are committed to building a successful provider-patient relationship with our patients. Your understanding of our Patient Financial Policy is important to our professional relationship. Please understand payment for services is a part of that relationship. It is never our intention to provide hardships for our patients, only to provide them with the best care possible and the least amount of stress.

### At Time of Check-In

The patient is expected to present an insurance card at each visit. All co-payments and past due balances are due at the time of check-in unless previous arrangements have been made. If you have a high deductible insurance plan, we require a \$100.00 down payment at the time of service. We accept cash, check, or credit cards. Absolutely no post-dated checks will be accepted.

### Self-Pay Accounts

Self-pay accounts are patients without any insurance coverage, patients covered by insurance plans that our office is considered out-of-network, or patients without an insurance card on file with us. Self-pay patients are required to bring \$100.00 as a down payment for the appointment, unless paying in full at the time of service. Self-pay patients who pay for services in full at the time of service will be provided our self-pay discount.

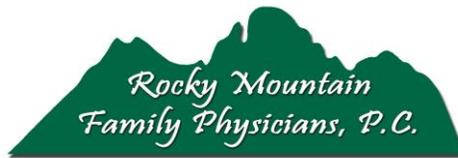
### Insurance Claims

Insurance is a contract between you and your insurance company. We will bill your primary insurance company as a courtesy to you, as well as a secondary insurance if this applies to you. To properly bill your insurance company, we require that you disclose all insurance information including primary and secondary insurance. It is important that we have all current information as timeliness is detrimental to submitting a successful insurance claim. Failure to provide up-to-date and complete insurance information may result in patient responsibility for the entire bill.

Even though we may estimate what is your responsibility, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered. *It is always the patient's responsibility to know if our office is participating with their plan.*

### Motor Vehicle Accident (MVA) and Worker's Compensation Claims

We will submit claims related to MVA and workers' compensation as a courtesy to you. If you are coming in for a MVA or workers' compensation related office visit, it is your responsibility to let us know and to provide the insurance information. As with other insurance claims, failure to provide this information at the time of service could result in patient responsibility for the entire bill.



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### **Missed Appointments**

Our office requires a 24-hour notice of an appointment cancellation. Failure to cancel within the allotted time will result in a \$50.00 no show fee. If a patient misses three appointments within a year, it may result in a dismissal from our office.

### **Returned Checks**

The charge of a returned payment is \$20.00. This will be applied to your account in addition to the funds originally owed.

### **Patient Statements and Payment Methods**

Once insurance has determined what is patient responsibility, we will submit a statement to the guarantor on file. Statements will be sent via email unless a paper copy of a statement is requested. It is the responsibility of the patient (or guardian) to ensure we have the correct billing information.

**Payments are accepted in the office, over the phone, or online through Navicare at <https://navicarepayments.com/rmfamily/pay>. We accept cash, checks, and credit cards.**

### **Minors**

The parent(s) or guardian(s) is responsible for full payment and will receive the billing statements. A signed release to treat may be required for unaccompanied minors.

### **Outstanding Balance Policy**

It is our office policy that accounts be sent two statements. If a payment is not made on the account, a single phone call will be made to try to set up payment arrangements. If no resolution can be made, the account will be sent to the collection agency and possible discharge from the office. *Past due balances will accumulate interest at a monthly rate of 1.7%*. In the event an account is turned over for collections, the person financially responsible for the account will be held liable for all collections costs.

### **Collections**

Policy terms include that you have provided your consent to be contacted by regular mail, by e-mail or by telephone (including a cell phone number) regarding any matter related to your account by the practice or any entity to which Rocky Mountain Family Physicians, P.C. assigns my account. You also consent to the use of any updated or additional contact information that you may provide by the practice or any entity to which the practice assigns my account, as well as to the use of technology including auto-dialing and/or pre-recorded messages in when being contacted.

*If you would like a copy of our financial policy, please ask the front desk.*