

Highlands Family Medicine

Financial Policy

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable healthcare. This form is regarding patient and insurance responsibility for services rendered. If you have any questions, please ask the front desk or call us at 303-420-1297.

1. **Insurance:** We participate with most major insurance plans. If you are not insured by a plan that we are covered with, payment will be expected at the time of service. It is up to you to know the benefits of your insurance.
2. **Self Pay:** If you have no insurance and will be a self pay patient, payment is due at time of service. We do offer a 20% discount to patients who pay in full at time of service.
3. **Co-payments:** All co-payment are due at time of service before seeing the providers. This arrangement is part of your contract with your insurance. If you do not know your co-pay for office/pcp visits then please call your insurance company to find out.
4. **Non-covered services:** Please know that some, or perhaps all the services you receive may not be covered or not considered reasonable or necessary by your insurance. This includes your initial established care appointment. You will be responsible for any non-covered service that is not covered by your insurance.
5. **Proof of insurance:** All patients are responsible for completing out patient information forms and presenting both a valid photo ID and insurance cards once a calendar year. Failure to provide us with the correct information in a timely manner, patients will be held responsible for the entire bill.
6. **Family billing:** Our system does not permit us to view accounts for your whole family all at once. Also, different family members often carry different insurance plans. Therefore, you must update your insurance information separately for each member of your family. *When updating your insurance please let us know if the same insurance needs to be put in for another family member.* This is also why we send statements out for each patient instead of each household.
7. **Claim submission:** We will submit your insurance claim and assist you in any way we reasonably can to help get your claim paid. Your insurance company may need you to provide additional information, if required then the patient will be responsible to provide that in a timely manner or the balance of the claim will become patient responsibility.

8. **Coverage changes:** It is the patient's responsibility to inform us as soon as possible of any changes in insurance coverage. If your insurance company doesn't pay your claim in a timely manner , the balance will automatically be billed to the patient.
9. **Non-payment:** We are not able to carry a patient balance for more than 90 days. After the 90 days of no payments made, your account will be marked inactive and your account will go to collection review, and we will not be able to see you until your account balance has been paid.
10. **Missed appointments:** Our office has a very strict no call/no show policy, if you are late or miss your scheduled appointment a 25\$ fee will be applied to your account.
11. **Responsible party:** The guarantor/policyholder of the insurance will be considered by default to ultimately be responsible for any payment on the patient's account.

Thank you for understanding our financial policies. Please let us know if you have any questions or concerns. This form must be signed by the patient or responsible party before seeing the providers.

I have read and understand the financial policies of Highlands Family Medicine and agree to abide by the guidelines:

Signature

Date