3010 North Circle Drive, Suite 100 & 200
Colorado Springs, CO 80909

6011 East Woodmen Road, Suite 120
Colorado Springs, CO 80923

Colorado Springs Orthopaedic Group

Ph (719) 632-7669 Fx (719) 632-0088 www.csog.net

FINANCIAL POLICY AND PATIENT AGREEMENT

The following is the Financial Policy for Colorado Springs Orthopaedic Group. We are committed to giving you the best care possible; we expect, in return, that you have the same commitment to your medical and financial responsibility to us.

CUSTOMER SERVICE: If you need assistance with insurance or referral problems, or wish to discuss your account and/or set up financial arrangements, contact our billing department. We accept cash, checks or credit cards (Visa, MasterCard or Discover) as payment. **There will be a $20 service charge on any returned checks.**

APPOINTMENTS: Even if you are an established patient with us, it is advisable to arrive 5-10 minutes before your scheduled appointment time for updating your record and/or paying your co-payment. We understand that emergencies arise necessitating changing your appointment date and/or time. If you fail to cancel or reschedule, we will excuse your first failed appointment; however, **any subsequent failed appointments may result in a $25 fee.**

WORKER'S COMP: We need the name of your Comp carrier, their address, your claim number, and the name and phone number of any contact person. If that information is unavailable on your first visit **you are responsible for the bill until that information has been given to us.**

SELF-PAY: Payment is required at the time of service.

MOTOR VEHICLE ACCIDENT: **We have 30 days to file our claim with your insurance carrier and must have that billing information.**

MEDICAID: An authorization from your primary care physician and a copy of your ***CURRENT*** card are required before services can be provided. Unless both are available, the appointment will be rescheduled. Copays are due at time of service.

HMO/PPO: If we have an agreement with your insurance carrier, we will receive direct payment for covered services. Co-payments are due at the time of service. Deductible and co-insurance amounts applied to the claim will be due from you. ***Services not covered or deemed not medically necessary by your plan will be billed to you.*** Referrals are the patient's responsibility. If a referral is not in place, you will be responsible or payment or will be rescheduled.

INDEMNITY-TYPE INSURANCE: Your insurance may or may not agree with the UCR (usual, customary and reasonable) charges for our local area. Your benefit plan may not cover all services or may even deny payment for services. Should there be a remaining balance on your account for any reason after your insurance has been processed, you will be responsible for payment.

BILLING: We will file your primary and supplement insurance for you if you provide us with the billing information and a copy of your insurance cards. Our statements go out monthly. If you have insurance, we will allow 60 days for them to respond to the bill. If they have not responded in that time frame, we ask that you begin making payments on your account while you resolve the billing problems with your insurance company.

NONPAYMENT: If your account becomes delinquent, it may be forwarded to an outside collection agency. If this happens, you will be responsible for all costs of collection, including, but not limited to, interest, refilling fees, court costs, attorney fees, and collection agency costs. Insurance benefits are a matter between you and your insurance company. You are ultimately responsible for payment on your account.

COPIES OF RECORDS: We have a company that copies records for us every week. If you will be needing copies of your records, complete a release form, allowing enough time so that the records can be done for you. **Fees for copying records are as follows: $16.50 for the first 10 pages; $0.75 per page from pages 11-40, $0.50 per page after 40; and $1.50 per page for records copied from microfilm.**

DISABILITY FORMS: **There is a $15 charge for completion of disability forms, the first one completed at no charge.** If you need a letter to be written by your physician, please allow 5-7 working days for completion.

PRESCRIPTIONS: Please give our office at least 48 hours notice if you need a refill on your prescription during the work week. Please call by noon on Friday for refills needed during the weekend.

Patient or Guardian Signature: _____ Date: _____