

FAMILY PRACTICE ASSOCIATES, P.C.

433 Summit Blvd, #201
Broomfield, CO 80021
Phone: 303-673-9090

FINANCIAL POLICY

Co-pays: Due at the time of service, and we reserve the right to refuse treatment. If a co-pay is not paid, a \$10 fee will be assessed to the patient's account.

Account Balances: Any past due balance (Deductibles, Co-Insurance, Non-Covered, Collections, Bad Debt) must be paid before an appointment. If upon arrival the patient is not prepared to pay, the visit may be rescheduled. A payment plan may be established for past due balances but not current and future visits. Patient must leave a credit card on file to be run at set intervals for a payment plan.

Self-Pay: Self-Pay patients are required to submit a \$125 deposit prior to being seen. Deposit must be cash/charge/debit. After the visit, the charges will be determined as closely as possible and the proper amount will be collected after applying a 20% discount. The discount is offered on the office visit, procedures, and immunization administrative charges but not on office labs. If the patient leaves without checking out, the \$125 will be used towards the visit and no discounts will be given. Once the doctor's notes have been completed, there may be additional charges that weren't on the fee ticket at the time of service.

The patient is responsible for the balance of all charges. We will keep a credit card on file and notify the patient of any outstanding balance before processing the payment.

Patients are considered Self-Pay if the following are true:

- Has no public or private health insurance coverage of any kind

Patients NOT eligible for Self-Pay discount so payment is due in full at the appointment

- Patient has no insurance card to present
- Patient has high deductibles or high co-pays
- Patient is seeking care out-of-network or other than at their assigned clinic
- Patients that have insurance but chooses not to bill them
- Motor Vehicle Accidents / Workers Compensation

Insurance: Patient must present their insurance card at each appointment. It is the patient's responsibility to know their insurance coverage prior to their appointment. The patient is ultimately responsible for the balance of all charges, whether or not the insurance company pays. If there is a dispute between the patient and insurance company's decision on a claim, the patient shall pay the balance until it is settled. We do not enter into disputes over insurance benefits. We cannot provide/change diagnosis codes that may or may not be in your medical record to influence insurance reimbursement.

Physicals/Wellness Exams: Please note the physician may or may not treat acute issues during a physical. The time allowed is for the exam only. An additional appointment may be needed to address the acute issue. If the physician does address the issue, the patient may receive a bill for these services since they are not part of the Well Exam.

Cancellations: There is a \$40 fee assessed to the patient's account if they don't call to cancel the appointment at least 24-hours in advance. The same fee applies to patients that don't come to their appointments. These fees can't be billed to insurance.

NSF Returned Checks: A \$40 fee will be assessed to the patient's account for any returned check.

Collections/Bad Debt: Any past due balances must be paid prior to setting an appointment.

Auto Accidents: We will bill the patient's health insurance. Payment is due in full for Self-Pay patients. If the patient would like us to bill the Auto carrier, we will do that but the patient must still pay in full at the time of service.

Workers Compensation: We do not take worker's compensation appointments.