

North Colorado Spine & Orthopaedics
6200 W 9th St
Greeley, CO 80634

Financial Policy
Patient-Doctor Commitment

We are committed to providing you with the highest quality care using the best materials and technology available in the market today. We are also committed to providing you with up-to-date information and educational tools so that you may fully participate in maintaining optimum orthopaedic health. Our financial policy is intended to facilitate excellent service to you while minimizing our administrative costs.

All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as one of your health providers, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and the insurance company. Our office is not a party to that contract. If payment from your insurance company is not received within 90 days from date of service, you will be expected to pay the balance in full.

As a courtesy to you we will help you process all your insurance claims. You may direct your insurance company to pay your benefits directly to our office by signing the authorization on the Assignment of Benefits Agreement. In order for our office to file your insurance claim, you must bring a completed medical insurance form or proof of insurance at each appointment.

Your **copay** is due at the time service is provided. Our office accepts cash, personal checks, Visa & Mastercard. If proof of insurance or copay is unavailable, your appointment will be rescheduled.

Returned checks and balances older than 30 days may be subject to collection fees and finance charges of \$10 per month or at the rate of 1.5% per month (18% annually), whichever is greater.

Account balances older than 60 days will be sent to collections. **If your account is sent to collections, it is your responsibility to have your medical care transferred to another medical practice.**

If you have questions regarding our financial policy, please ask. We are committed to providing you with the most positive experience in orthopaedic care.

I have read the above internal policies and understand my **financial options and obligations** as described.

Patient or Responsible Party's Signature

Date