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## BOULDER MEDICAL CENTER, P.C.

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### PAYMENT POLICY for New and Established Patients

**CHARGES AND PAYMENTS:** We ask all of our patients to pay for their care at the time services are rendered, or to provide us with a current copy of their insurance card. Payment may be made with cash, check, money order or credit card. For your convenience, we accept Visa, MasterCard, American Express and Discover.

If you belong to a health insurance plan that our office does bill directly, you may be expected to pay all deductibles, co-insurance or co-payments, and any non-covered benefits at the time services are rendered. Managed care plan co-pays must be made at the time of service in order to be seen.

If you have insurance that BMC is not participating with, it is your responsibility to pay for the charges at the time of service and to file the proper claim forms and to collect a reimbursement payment directly from your insurance company. Insurance claim forms can be mailed to you if you request them from our Business Office.

You are responsible for informing us of all your insurance coverage(s). All disputed or pended claims will immediately become your financial responsibility.

A copy of your charges may be provided to you by your doctor at the time of service. Please request them before you leave the area. We realize that illness and injury can sometimes cause unforeseen hardship on you and your family. If your charges at the time of service exceed \$75.00, we only require payment of \$75.00. The balance on your account is due upon receipt of the statement.

**STATEMENTS and COLLECTIONS:** An itemized statement will be mailed to you monthly if there is an outstanding balance due. If you belong to a managed care plan, a statement will be sent only if there is a balance due by you. The balance on your account is due upon receipt of the statement. There may be a monthly re-billing fee added for past due statements. If you remit by a check which is later dishonored by your bank for any reason, a \$20.00 check charge will be added to your account. We may not inspect or look for special instructions or "restrictive endorsements" on every check. For this reason, we are not able to honor any special instructions or be bound by a restrictive endorsement placed on checks. In addition, we will not accept signed over or third party checks as payment on an account.

A \$75.00 fee may be assessed for a late cancellation or no show appointment. Cancellations and changes need to be made at least 24 hours in advance of the scheduled appointment time.

In the event that your account is assigned to a collection agency for enforcement of this agreement you are responsible for all fees. If your account is still not resolved, the case may be referred to an attorney, who is not a salaried employee of Boulder Medical Center and you will be liable for any reasonable attorney's fees. In the event that your account is assigned to a collection agency multiple times, all members of your account may be in jeopardy of losing the right to receive future services at BMC. Bankruptcy may also jeopardize the right to future service.

In the event of divorce, separation or custodial cases, the guardian or parent bringing the dependent to the office will be held financially responsible. No one will be added to or deleted from an account unless agreed upon by all parties. When a child reaches 18 years of age our office may put the child on his or her own account.

**MEDICARE:** As a Medicare beneficiary, you may be required to pay at the time of service for all charges. Our office **does not accept assignment from Medicare**. We will submit your bill directly to Medicare. You will receive an explanation of benefits from Medicare, along with their payment. You are responsible for filing appropriate forms with any supplemental/secondary insurance. A copy of our office encounter form may be provided to you upon request so you can bill your Medigap carrier after Medicare has paid you its share. The balance on your account is due upon receipt of the statement. There may be a monthly re-billing fee added for past due statements.

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Date                      Initials - Medicare patients please initial to indicate that you have read Boulder Medical Center's Medicare policy

**RELEASE OF RECORDS:** I authorize the release of any medical, psychiatric, drug or alcohol information necessary to process Boulder Medical Center insurance claims. I understand that copies of my medical records may be sent to process insurance claims.

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Date                      Signature

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Date                      Person authorized to sign for patient (if under age 18)