

# NORTHERN COLORADO PLASTIC & HAND SURGERY, PC

## PLEASE READ CAREFULLY AND SIGN CREDIT & PAYMENT POLICY

Our credit and collection policies are necessary to assure the financial resources needed to maintain this medical office for our patients and the community. We do not want financial circumstances to limit our care for you. If an unusual situation should make it impossible to meet our credit terms, please discuss the matter with our billing department. Please do not avoid the situation. Keep your account and credit in good standing! Our charges are based on costs, time and skill required to provide medical care for you.

**If you have health insurance:** this is an agreement between you and your insurance to pay certain amounts for medical care. We strive to assist patients in this complex process as much as possible. As a service to you, we submit insurance claims on your behalf, including secondary and supplements. You, in turn, must provide us with complete and accurate information about your insurance carrier and the insured party.

- 1) Your portion of our fees (determined by your insurance) is collected at check-in the day of *services performed in the office*. This includes co-pays and deductibles.
- 2) Your portion of the surgeon's fee for services *performed at a surgical facility* is due 10 business days before the procedure, except in emergency surgery cases.
- 3) If we are not contracted with your insurance as a participating provider, they may not pay what is equal to the full percentage toward a claim, as stated in your policy. This is due to a fee schedule they have developed for their plans, not charges received by providers. Amounts above what they may refer to as *usual, reasonable or customary*, does not change your portion. As an out-of-network (non-participating) provider, we do not apply any contractual write-offs to your balance.
- 4) If we are contracted with your insurance as an in-network (participating) provider, your percentage of fees are based on your plan's fee schedule, which we have agreed to. We do apply appropriate write-offs to your account, per this contracted fee schedule.
- 5) After 45 days you will be expected to begin payments to us for any unpaid insurance portions and arrange with your insurance for reimbursement. If a payment from your insurance company results in a credit balance on your account, you will be refunded.

**If you do not have health insurance:** You are expected to pay for all services as they are rendered. Surgeon's fees for facility based cases are due 10 business days prior. Outside Financing is available, please call and ask for our billing department.

**Cosmetic procedures:** Fees for consultations and in-office procedures are collected at check in. Surgeon's fees for procedures performed at a facility are due 10 business days prior to the surgery.

**OTHER CHARGES:** **1.** Your account will be charged \$33 for returned checks. **2.** A service charge will be applied to accounts over 45 days. Minimum charge is \$2.00. **3.** Accounts 90 days past due are referred to a collection agency or attorney. Reasonable fees, cost and expenses, including attorney's fees incurred in this process by the agency assigned to collect your account will be added to your account.

I certify I have read and understand the above. The signature below is of the patient or is duly authorized by the patient to agree to the terms and obligations in this statement.

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**YOUR SIGNATURE**

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**DATE**