

Castle Rock Family Physicians, PC

PAYMENT POLICY

Castle Rock Family Physicians, PC is committed to serving you. As part of our commitment, we want you to understand your payment obligations. Please read, agree to and sign this policy prior to receiving services at Castle Rock Family Physicians, PC.

- All patients must complete our “Patient Information Form” initially and annually thereafter unless there is a change in insurance or demographics.
- We will obtain a copy of your insurance card at every appointment.
- We will obtain a copy of your driver’s license on an annual basis.
- We will collect your co-payment and past visit balance due on date of service.
- We accept Cash, Check, Visa/MasterCard, American Express and HSA payment.
- Self-pay patient payment is due in full at the time of service.
 - Cash payments receive a 15% discount.
 - Credit card payments receive a 10% discount.
- You must call to cancel your appointment at least 24 hours prior to your scheduled appointment, otherwise you will be charged a \$35 fee for no show appointments. A \$35 fee also applies to same day cancellations.

Insurance:

- We accept most insurance plans, but are not in-network with all insurance companies.
- It is the patient’s responsibility to know if Castle Rock Family Physicians, PC, is an in-network provider with your insurance plan.
- Call your insurance to verify that we are an in-net provider, **otherwise you will need to pay for out-of-network services on date of service.**
- **Change of Insurance:** It is your responsibility to present our staff with your insurance card and to inform us of any changes in your insurance coverage
- Your insurance policy is a contract between you and your insurance carrier. We are not party to that contract; therefore, the balance is your responsibility
- You are responsible for payment for services not covered by your insurance plan.

HMO/PPO and other Managed Care Plans:

- Please be sure that your insurance company has one of our Primary Care Physician (PCP) listed on your insurance card otherwise you will be seen as a self-pay patient with balance due on date of service.

Medicare, Medicare Replacement Plans and Medicaid

- We are not accepting new Medicare or Medicaid patients
- We are Medicare providers and accept assignment of benefits and will file your claim on your behalf/
- Existing Medicare patients are asked to sign the Advance Beneficiary Notice (ABN) for services that Medicare may or may not cover per Medicare regulations.
- You are responsible for any deductible and/or co-pay or co-insurance and non-covered services at the time of your visit.

Workers’ Compensation: If your injury is work related, Clinic Service will file your claims to your workers’ compensation insurance provided we have the necessary documentation and authorization prior to treatment. If your workers’ compensation insurance deems your injury is not work-related the balance will be applied to patient responsibility. Maintain good communication with your adjuster.

Billing:

- Our billing company, Clinic Service, will file your insurance claim on your behalf.
- Our billing office will bill your secondary insurance one time only.
- Your insurance may require that you provide them with additional information; please respond promptly so that they may process your claim for payment..
- Services not covered by your insurance plan will be billed to you for payment
- All account balances are due within 30-45 days of service. Unpaid balances of greater than 45 days may be sent to a collections agency unless you have made payment arrangements with our billing company, Clinic Service, or our staff.
- There will be a \$25 charge for returned checks.

Changes in Insurance and/or Patient Information:

- It is your responsibility to notify Castle Rock Family Physicians, PC, in the event of any change in insurance, address, phone numbers, etc. If Castle Rock Family Physicians, PC, is not notified of these changes, your account will be changed to Self Pay and you will be responsible for any outstanding balances.

Minors: Parent or legal guardian must accompany minor child for initial visit. The adult accompanying a minor is responsible for payment at the time of treatment.

Please turn page over for agreement signature, thank you!

If you have questions regarding payment or account balance, call Clinic Service billing company at 303-755-2900. Please do not contact our office as we are not equipped to answer your billing questions.

I have read, understand, and agree to the Castle Rock Family Physicians, PC Financial Policy. I understand that if my account is delinquent, Castle Rock Family Physicians, PC may decide not to continue as my physician. I authorize the release of any information relating to my treatment to my insurance company, and I authorize the insurance benefits to be paid directly to Castle Rock Family Physicians, PC.

Print Patient Name

Date of Birth

Patient/Responsible Party: _____ Date _____