



Patient Financial Responsibility

Thank you for coming to Boulder Valley Center for Dermatology. We believe that good care for you and your family starts with good communications. We have created this policy to help our patients understand the responsibilities that they and their families have for payment of our fees. If you receive treatment today, this may be listed as a separate charge on your bill. If at any time you have questions about our fees or payment process, please don't hesitate to ask.

Payment for Services: We require that our patients pay all charges that are incurred at each visit. Payment for our services is due at the time those services are provided to you, and we expect that all charges we present to you at a visit will be paid at the time of the visit. This may include co-pay amounts, program deductibles, balance(s) from previous visits and charges for services that we believe are not covered by insurance or government programs, or are left over as your responsibility to pay after coverage by these programs.

Insurance: If you have insurance, it is your responsibility to provide our office with up-to-date demographic and insurance information. We will bill your insurance for the services provided, but if this information is not provided in a timely fashion and your insurance denies the claim, the full amount due will become your responsibility.

Verification and Eligibility of Coverage: Whenever possible, we will contact your insurance company to confirm coverage and eligibility, but this does not guarantee payment. If your insurance does not pay what you expect, please contact your Insurance company for an explanation. We are happy to provide you with factual information about your care and billing to help you discuss an item with your insurance company, but we still require you to pay for the entire charge we present to you, even if the issue with your insurance company is not resolved. Regardless of insurance coverage, you are ultimately responsible for all charges.

Deductibles and Co-Pays: It is your responsibility as the person insured to understand your insurance benefits, including co-pays and deductibles. We suggest you contact your insurance to confirm your co-pays and the amount of your deductible. Payment of these is expected at the time of service.

Referrals: If your insurance requires a Referral from your Primary Care Physician to be seen, it is your responsibility to obtain this referral and to provide it at the time of service. If your insurance claim is denied due to the lack of a Referral, you will be responsible for all charges.

Network Providers: Boulder Valley Center for Dermatology may have an In-Network contract with your insurance company. However, it is your responsibility as the insured to confirm your coverage as the fees for services rendered by an 'Out of Network' provide may be substantially higher and you will be responsible for all charges in excess of your insurance benefits.

Cosmetic Procedures, Products, and other Non-covered Services: Boulder Valley Center for Dermatology contracts with insurance companies related only to items and services that are covered by the plans. Boulder Valley Center for Dermatology does not determine what defines a covered benefit of your insurance and cannot guarantee coverage. Examples of non-covered items may include services considered to be cosmetic, pre-existing, or experimental and products, treatment, or tests not recognized by your health care plan. Payment in full is expected at the time of the service and/or purchase.

Billing Statement: We may present charges to you by written statement via the postal service following a visit. If we present a charge to you, it means that we have taken insurance adjustments into account and you are responsible for paying the remaining balance. If we do this, we expect that each charge will be paid in full by return mail the first time it is present to you. You may also call our office at 303-604-1444 and pay using your debit or credit card. We or our agents may send you statements and reminders of charges made and amounts that must be paid or may call you to remind you of the amount due.

Past Due Accounts: We may utilize a collection agency to assist us in collecting amounts that are determined to be past due. If your account becomes delinquent and is review for possible assignment to a collection agency, you will be assessed a delinquent account fee of \$35.00. You further agree to be responsible for all other costs of collection including reasonable attorney fees.

No Show and Check Return Fee: if you do not arrive for your scheduled appointment at the time of service and have not called to cancel or reschedule, you will be charged \$50.00. If you write a check and we are charged a fee for insufficient funds, you will receive a bill for this amount.

Refunds: If the amount of you insurance coverage is more than we anticipated, you may receive a refund. To receive your refund, you must have a credit or debit card on file with our practice. Refunds will be given directly to your credit or debit card, and you will be notified by US Mail.

I understand the above information, and I acknowledge that I will be financially responsible for the following patient:

Name (First Last): _____ Relationship to Patient: _____

Signature _____ Date: _____

