



PAYMENT POLICY

Dear Patient,

DenverSpine is committed to serving you. As part of our commitment, we want you to understand your payment obligations. The following is a Statement of our Payment Policy. Please read, agree to and sign this policy prior to receiving services at DenverSpine.

Co-pays

Co-pays, co-insurance and deductibles are due at the time of service.

Self Pay

Payment is due in full at the time of service.

HMO/PPO and other Managed Care Plans

We will file your insurance claim on your behalf. Please be sure that your insurance company has your Primary Care Physician (PCP) on file. Please bring any referrals forms that are required to receive services. It is also your responsibility to present your insurance card and to inform us of any changes in your insurance coverage.

Other Insurance

As a courtesy, we will file your insurance claims; however, you must provide all insurance information and a completed claim form (if required) at the time of service. Please understand that your insurance policy is a contract between you and your employer or carrier. We are not party to that contract; therefore, the balance is your responsibility whether your insurance company pays or not. Payment in full is due at the time of service. If you do not want us to file your insurance claims, please notify the DenverSpine staff.

Changes in Insurance and/or Patient Information

It is your responsibility to notify DenverSpine in the event of any change in your insurance, address, phone numbers, etc. Neither your insurance company nor your employer informs us of these changes. If DenverSpine is not notified of these changes, your account will be changed to Self Pay and you will be responsible for any outstanding balances. If we are unable to locate you due to address/phone number change, your account may be treated as delinquent (see below)

Medicare

As a participating Medicare Provider, we accept assignment of benefits and file all claims for you. You are responsible for any deductible and/or co-pay or co-insurance and non-covered services at the time of your visit. We may ask you to sign an Advance Beneficiary Notice (ABN) for services or charges that Medicare may or may not cover per Medicare regulations.

Delinquent Accounts

Accounts that are not paid in full or satisfactory arrangements not made within 90 days of service rendered are considered delinquent. DenverSpine may refer delinquent accounts to a collection agency, nationwide credit bureau or to our attorney for further action.

Thank you for understanding our Payment Policy. Please let us know if you have any questions.

I understand and agree to the DenverSpine payment policy

Name of Patient or Responsible Party: (please print) _____

Signature: _____ Date _____