



INSURANCE/FINANCIAL POLICIES

{HDHP (High Deductible Health Plans), PPO, HMO, Self-Insured Employer Plans, Non-Contracted Plans, No-Insurance etc.}

Thank you for choosing **Colorado Springs Pulmonary Consultants, PC, (CSPC)** as one of your specialty healthcare providers. We are committed to your treatment being successful! Our Medical Billing Team will work very hard to make sure your billing is filed accurately and promptly. In order to provide you with the highest quality service while keeping our billing costs low, we recently made some changes in our collection and billing services.

It is important that each time you have an appointment with us, that you bring your insurance card(s). Your insurance cards will be scanned into our secure computer system to expedite the filing of your claim(s). **WE ACCEPT ALL MAJOR CREDIT CARDS: VISA, MASTERCARD, DISCOVER, DEBIT CARDS, CHECK CARDS AND CASH.**

INSURANCE/INSURANCE COLLECTIONS: Please understand that insurance reimbursement can be a long and difficult process for our office. Our Medical Billing Team has undergone extensive and rigorous training to maximize your insurance reimbursement, while reducing the time by which they pay.

Please initial next to your category of insurance listed below, as this will help us to expedite payment and eliminate any confusion in the future. If you should change insurance plans, please let us know. Thank you for understanding our Insurance/Financial Policies. Please let us know if you have any questions or concerns after you have had an opportunity to review the information.

PLANS IN WHICH WE ARE PARTICIPATING PROVIDERS: Medicare, Medicare Secondary, Secure Horizons, Railroad Medicare, Colorado Medicaid, Aetna, Anthem, AARP, BCBS, CIGNA, Cofinity, Colorado Access Advantage, First Health/Coventry, Humana/Choice Care, Kaiser Permanente, Multiplan, Rocky Mountain Health Plans, Tricare/Triwest & United Healthcare.

_____ HDHP (HIGH DEDUCTIBLE HEALTH PLANS): The CSPC Medical Billing Team will check your benefits and eligibility. CSPC has a contractual agreement to accept the discounted rate from your plan, however, if you have NOT met your deductible for 2013, we will charge \$50.00 for your visit today or the deductible amount that applies. We will promptly file your insurance and bill you for any additional balance due or promptly refund any overpayment. If your insurance informs us that you are NOT eligible, your appointment will need to be rescheduled or you can pay for your visit in full today. We will still file your insurance as a courtesy. Please indicate your preference of payment:

_____ Check _____ Cash _____ VISA _____ MasterCard _____ Discover

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_____ **PPO PLANS:** CSPC has agreed to accept the discounted rate from your plan, however all co-payments are your responsibility at the time of service. Please indicate your preference of payment:

_____ Check _____ Cash _____ VISA _____ MasterCard _____ Discover

_____ **HMO PLANS:** All co-payments must be satisfied at each and every visit. There can be no exceptions due to contracting and uniform compliance rules. We will assist you in making certain we have the proper referral information in advance of your appointment. Please indicate your preference of payment:

_____ Check _____ Cash _____ VISA _____ MasterCard _____ Discover

_____ **MEDICAID:** CSPC has agreed to accept the discounted rate from Medicaid. Your copayment is due (if applicable) at each visit. Your Medicaid eligibility will be verified at each and every visit. Please indicate your preference of payment:

_____ Check _____ Cash _____ VISA _____ MasterCard _____ Discover

_____ **NON-CONTRACTED PLANS:** CSPC may bill your insurance as a courtesy. Our office, as a convenience and a service to you, will absorb all costs incurred for billing. However, we expect payment in full for your services. Please include your preference of payment.

_____ Check _____ Cash _____ VISA _____ MasterCard _____ Discover

_____ **SELF-INSURED/UNION PLANS:** Many large employers choose a health plan for their employees that are considered "self-insured" in which they pay claims directly to our office. Often times, we experience difficulty in receiving timely payments and request that you provide us with the name of your human resources director and/or benefits manager to assist us in getting your claim paid. The same financial policy rules apply as noted above depending on the type of plan your employer has sponsored, i.e., High Deductible Health Plans, PPO Plans and HMO Plans, as noted above. All co-payments, co-insurance and/or deductibles are due at the time of service. If we cannot obtain assistance from your employer as needed, you will be expected to pay for your services. Please indicate your payment preference:

Benefits Manager's Name: _____ Phone #: _____

_____ Check _____ Cash _____ VISA _____ MasterCard _____ Discover

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NO INSURANCE: Please visit "GettingUsCovered & Cover Colorado" www.gettinguscovered.org

USUAL & CUSTOMARY RATES: Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of the insurance company's arbitrary determination of usual and customary rates.

ACCOUNT BALANCES: Our Medical Billing Team will collect patient account balances immediately upon arriving to the office for an appointment in addition to co-payments, deductibles and co-insurance that is due for the current day's services. Our Billing Team will file your insurance claim and send you a statement once your insurance has paid. Any

balance remaining, must be paid promptly and we are always happy to take your secure payment over the phone. Unpaid balances after 60 days (from date of service) are sent to our collection agency(BC Services).

RETURNED CHECKS: A \$20.00 service charge is assessed for all returned checks.

AUTHORIZE: I have read the Insurance/Financial Policy. I understand and accept the CSPC Financial Policies. I certify that I, and/or my dependent(s) have insurance coverage and assign the benefits directly to Colorado Springs Pulmonary Consultants, PC for all insurance benefits, if any, otherwise payable to me for services rendered. I authorize the use of my signature on all insurance submissions for rendered services. Colorado Springs Pulmonary Consultants, P.C., may use my health care information and disclose such information to my insurance company(ies) and their agents for the purpose of obtaining payments for services and determining insurance benefits or the benefits payable for related services. This consent will end when my current treatment plan is completed or one year from the date signed below.

I authorize Colorado Springs Pulmonary Consultants, PC, and the providers of the practice to deliver medical care to me within the scope of their practice limitation.

X _____
Signature of Patient or Responsible Party

Date: _____/_____/2013