

BOULDER ORTHOPEDICS
Statement of Financial Responsibility

Our office participates with most major insurance companies, including Medicare. It is your responsibility to check with your insurance carrier to ensure eligibility. We will file and process claims with insurance companies for which we have contracts. Boulder Orthopedics does not provide treatment on a lien basis. **We do require your current insurance information to be on file in our office prior to each date of service. If you are unable to provide and maintain complete, accurate information, you will be responsible for payment.**

Initials _____

Managed care plans for which Boulder Orthopedics has contracts (HMO, PPO, POS, HSA, EPO's)

Co-payments and deductibles will be collected at the time of your visit. We will file and process claims with insurance companies for which we have contracts. After your insurance pays, you will receive a statement identifying those portions defined by your insurance to be the patient's responsibility. This may take several months. We request payment of the balance upon receipt of your statement. Due to the wide range of policy benefits, it is the patient's responsibility to know what your specific policy covers prior to your appointment. Any non-covered services, deductibles, or policy exclusions are the patient's responsibility.

Initials _____

Many insurance companies including HMO, PPO, POS, HSA, EPO's, require a referral authorization from a Primary Care Physician (PCP) to a specialist prior to any appointments. **It is the patient's responsibility to ensure that this referral is obtained prior to all scheduled appointments.** To obtain a referral, you will need to contact your PCP and request such a referral or referral extension. Failure to have a valid referral on file in our office prior to your appointment will require payment in full at the time of service, or for the appointment to be rescheduled.

Initials _____

Private or Commercial Insurance and Individuals without Medical Insurance

Payment in full is due at the time of service for patients who do not have medical insurance or for those who are privately or commercially insured. All payment arrangements must be made and approved by our billing department prior to your visit. Please contact (303) 449-2730 ext 122.

Initials _____

Medicare and Secondary Insurance

Boulder Orthopedics accepts assignment on Medicare claims. We will file and process all Medicare claims. Secondary claims will be filed after a response is received from Medicare. Please note that Boulder Orthopedics may or may not be contacted with your secondary insurance carrier, and your coverage may require a referral. The above rules apply to all patients with secondary insurance.

Initials _____

INJURY RELATED CLAIMS (Worker's Comp, Auto, Personal Injury)

We will file injury related claims on your behalf. You must provide a valid Workman's Comp/Auto claim number and a referral from the insurance carrier. If you do not have a claim number and/or referral prior to your visit, you will be rescheduled to a later date.

Initials _____

Waiver of "Usual, Customary and Reasonable" Clauses

(For patients with "UCR" coverage) I acknowledge that the fees charged by Boulder Orthopedics for services rendered to me, or to the person for whom I assume financial responsibility, may exceed the fees considered "usual, customary and reasonable," due to specialized services and staff. However, I agree to pay fees in full, even if the amount is greater than what I am reimbursed for from my insurance company.

Initials _____

Appointment Cancellation/No-Show Policy & EMG Procedure Cancellation/No-Show Policy

This is to inform you that Boulder Orthopedics has a cancellation/no-show policy. We allow cancellations for physician appointments up to the time of your appointment. If you do not keep your regular physician appointment, you will be charged \$25.00 for this missed appointment. **EMG cancellations must be made 48 hours in advance. If you do not cancel within 48 hours or if you fail your appointment you will be charged \$150.00. YOU WILL BE RESPONSIBLE FOR THIS CHARGE,** as insurance companies do not pay for cancellations/no-shows.

Exceptions may be made in the case of extenuating circumstances.

Initials _____

Permission to Release Medical Information

I authorize Boulder Orthopedics to release any information from my medical record, or from the medical record of the person for whom I am legally responsible, to my/their insurance company, other third party payers or their reviewing agencies. This information must be limited to that which is necessary to expedite claim processing. This authorization is valid for every visit to Boulder Orthopedics or its affiliates until written notice revoking is provided.

I release Boulder Orthopedics of all responsibility for loss of confidentiality through access and/or copies made of records released in compliance to this authorization.

I have read all of the above and understand/agree to all provisions therein regarding responsibility for payments and release of information.

Please call us if you have any questions regarding your account. Our goal is to provide quality medical care and to assist you in getting your insurance claims reimbursed quickly and efficiently.

Patient's Name: _____

Patient or Legal Guardian's Signature: _____ Date: _____

If Legal Guardian, Relationship to Patient: _____