

Front Range Spine & Neurosurgery, P.C.

Patient Financial Responsibilities Policy

Front Range Spine & Neurosurgery, P.C. (“Front Range”) welcomes you to our practice. Front Range is committed to providing you with the best possible medical care. In order to do so, we believe that it is important that you clearly understand the information contained in this Patient Financial Responsibilities Policy. We ask that you read, sign, and return to us this document prior to your first visit with our practice. If you have any questions about the information contained in this document, please don’t hesitate to contact Front Range’s office / billing manager at Jo Mauro.

****PLEASE CAREFULLY READ THE FOLLOWING INFORMATION BEFORE SIGNING****

APPOINTMENT CANCELLATION AND “NO-SHOW” POLICY: Front Range will charge you a \$35.00 fee for failing to attend a scheduled appointment and for cancellations occurring less than 24-hours before your scheduled appointment time. Although we understand that personal circumstances may make it necessary for you to cancel or reschedule your appointments from time to time, we request that you notify us of your need to cancel or reschedule as soon as possible. Short-notice cancellations and missed appointments prevent us from offering the appointment to other patients wishing to be seen by Front Range. Also, please note that a frequent pattern of appointment cancellations or missed appointments makes it difficult for Front Range to provide you with an appropriate continuity of care, and may result in the need to discharge you from our practice.

PATIENTS WITH HEALTH INSURANCE COVERAGE: As a courtesy, we will bill your health insurance provider directly for medical services rendered to you by Front Range. However, your health insurance plan is a contract between you and your health insurance provider. Coverage varies widely between health insurance providers and even between different health insurance plans offered by the same health insurance provider. Ultimately, you are responsible to know your insurance benefits. Below are some Front Range policies that you should be aware of regarding your health insurance benefits.

Insurance Verification. You are responsible for providing Front Range with complete and accurate information regarding your health insurance plan. We will verify your health insurance coverage at the time of your visit and again shortly before each scheduled appointment time. To assist in verifying your health insurance coverage, you are responsible for providing Front Range with your current health insurance card (or other proof of insurance) prior to every visit. If your health insurance coverage changes after you schedule your appointment with Front Range, please notify Front Range as soon as possible before your scheduled appointment time. If Front Range is unable to verify your active health insurance coverage prior to your treatment time, it may become necessary to reschedule your appointment or to treat you as a “self-pay” patient.

Payments of Copayments and Deductibles:

Copayments. You are responsible for paying Front Range any copayment required by your health insurance plan at the time of your appointment. Copayments are a part of your contract with your health insurance provider and, in order to keep our billing costs down, we are unable to bill you for your visit copayments in lieu of payment at the time of your visit. We are aware that some health insurance providers sometimes do not assess a copayment or assess a different copayment when they process the claim. However, we must rely on the information we receive when we verify your health insurance benefits and, therefore, we collect the copayment amount specified by your health insurance provider’s benefit verification.

Deductibles. Some commercial and managed care health insurance plans also include an annual deductible amount that must be paid by the patient before the health insurance plan pays any benefits. If you have not met your deductible, your health insurance provider will process the claim towards your deductible, but will not make any payment to Front Range (or will make payment for only the amount in excess of the deductible). If this occurs, you will be responsible for payment of any remaining balance not paid for by the health insurance plan, in accordance with the contracted rate under such health insurance plan.

Non-Covered Services. Your health insurance plan spells out your specific coverage and varies greatly from plan to plan. Please be aware that some of the services that we provide may be determined by your health insurance plan to be

non-covered. You will be financially responsible for the costs of any such non-covered services or services that your insurance plan denies as being “not medically necessary”.

Medicare Patients. For Medicare patients, Front Range submits claims to the Medicare program in accordance with Medicare billing rules. In the event that our information indicates that a specific service or services may not be covered by the Medicare program, we will ask you to sign an Advanced Beneficiary Notice form (“ABN”) outlining the services that we have determined may not be covered by Medicare. Pursuant to the ABN, you must agree to be financially responsible for any billed amounts not covered by the Medicare program prior to Front Range agreeing to render any such services.

Out-of-Network Services. Front Range does not participate in all health insurance plans. If your health insurance plan is a plan with which we do not participate, we may still provide services to you. However, please note that you may have an out-of-network deductible, copayments, and/or coinsurance, which may be higher than if you were to receive services from an “in network” provider. Moreover, it is important to note that, as an out-of-network provider, Front Range may not be able to determine the exact health insurance benefits applicable to out-of-network services until the payor receives and processes the claim. If we provide services to you as an out-of-network provider, you will be responsible for the entire bill, or the balance of the bill, if the claim or any portion of the claim is denied by your health insurance provider.

Referrals. If you require a referral to another provider, certain approvals may be needed from your health insurance provider. Once submitted to your health insurance provider, these approvals may take several days for processing. Accordingly, please allow as much time as possible prior to scheduling your appointment with any such provider. Please note, Front Range only recommends another provider - it is your responsibility to ensure that the services of such other provider are covered by your health insurance plan.

PATIENTS WITHOUT HEALTH INSURANCE COVERAGE (“SELF-PAY”): If you do not have health insurance coverage, payment for Front Range’s services is due at the time those services are rendered. The initial payment will be collected at the time of check-in for your appointment. For more complex evaluations, lab tests, vaccines, medications, or supplies, additional charges may be incurred and will be billed and collected once the service(s) have been provided.

PAYMENT: Our practice accepts cash, personal checks, debit cards, and credit cards for payment. If the balance on your account is 90 days or more past due your account balance may be subject to placement for outside collection. In the event your account is placed in collection status, any additional fees incurred will be added to the outstanding balance, including, but not limited to, late fees, collections agency fees, court costs, interest, and fines. These additional fees will be your personal responsibility. A patient with unpaid delinquent accounts or accounts written-off to bad debt may not receive additional scheduled services and may be discharged from the practice. Patient financial responsibilities may be waived or reduced only to accommodate unique circumstances involving financial hardship in accordance with Front Range’s Financial Hardship Policy.

PATIENT ASSIGNMENT, AUTHORIZATION, & ACKNOWLEDGMENT: By signing this document, you agree to each of the following statements:

- I acknowledge my understanding of, and agreement to, the information presented to me in this document;
- I assign and transfer to Front Range all of my rights, title, and interest in any health insurance benefits or other medical benefits, including Medicare (as applicable), that I am eligible to receive for services rendered by Front Range, which shall remain valid until I provide written notice to Front Range revoking such assignment;
- I authorize Front Range to release any information, in compliance with HIPAA requirements, to my health insurance provider when requested or to facilitate the payment of any claim, which shall remain valid until I provide written notice to Front Range revoking such authorization; and
- I acknowledge and agree that I am financially responsible for payment of the services provided to me by Front Range and, accordingly, I am responsible for payment of any portion of my bill that is not paid by my health insurance plan.

Name of Patient or Responsible Party

Responsible Party’s Relationship to Patient

Signature of Patient or Responsible Party

Date