

**DENVER  
Endocrinology, Diabetes  
& Thyroid CENTER, PC**

**Financial Policy**

Thank you for choosing Denver Endocrinology, Diabetes, & Thyroid Center as your health care provider. We are committed to providing excellent health care services to our patients. As part of our professional relationship it is important that you read and understand your responsibilities.

**ALL PATIENTS MUST READ THIS PRIOR TO RECEIVING SERVICES**

***Self-Pay (No Insurance Coverage)***

If you do not have insurance, payment in full is expected at the time of service unless you have made prior payment arrangements with our billing department. A deposit will be taken at the time of arrival for each appointment.

***Insurance***

***As physicians, our relationship is with you NOT your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are strictly your responsibility for the dates services are rendered. Therefore, it is often necessary for you to inquire and explore your benefits with your insurance carrier.***

If we participate with your insurance company, you will be expected to pay any contracted co-pay, coinsurance, and/or deductible at the time of service. It is your responsibility to ensure your insurance information is current at the time of service. We will require a copy of your insurance card(s) before services are performed.

Payment for treatment is your responsibility whether your insurance pays or not. If your insurance company has not paid your account in full within 45 days, the balance will be billed directly to you. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurances.

If a procedure is done at the time of your office visit the procedure is **not** included in the Office Visit. Based on your insurance plan, you may responsible for payment of the separate co-pay/co-insurance/deductible at the time of service.

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 any nonparticipating insurance company's determination of usual and customary rates.

***Referrals***

If your insurance company requires you to have a referral from your primary care physician in order to be treated by our physicians, please verify that this process has taken place. You are responsible for obtaining the referral and if one is not in place, you may not be seen until one is received.

***Pre-Certification/Prior Authorization***

Pre-certification/Prior Authorization may be required by your health plan before certain procedures, tests, or surgeries are performed. We will assist you in the process by contacting your insurance company on your behalf. Be sure to confirm that you have been given the appropriate authorization before your procedure. Pre-certification/Prior Authorization is not a guarantee of payment by the insurance company and you are ultimately responsible for all treatment.

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***Minor Patients***

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for payment. It is not our policy to treat unaccompanied minors.

***Student and Other Dependent Patients***

Any patient over the age of 18 is considered an adult and will be listed as the Responsible Party for all services and will be governed by this Financial Policy.

***Patient Billing***

It is your responsibility to provide us with your most current billing information which includes current address, all available telephone numbers and other important contact information. Statements will be sent notifying you of any balances you may owe. If you have any questions or dispute the validity of the balance on the statement you must contact our billing department within 30 days of receipt of the initial statement. Patient balances not paid in full within 30-days of the statement date are deemed past due. Past due accounts may be subject to collection activity.

If you are unable to pay the balance in full, you must contact our billing office to discuss a payment schedule. If you fail to make payments as agreed your account may be referred to a professional collection agency.

You may reach our billing department at (720) 996-1251.

***Missed Appointments and Late Cancellations***

Our office requires 24 hour notice if you are unable to keep an appointment. If the appointment is not kept or is cancelled within the 24 hour threshold, a \$50 No-Show fee will be charged to your account.

***Return Checks***

Any account that has a check returned for Non-Sufficient Funds will be charged \$50 per event. The Returned Check Fee(s) must be paid prior to the next appointment. In addition, we may seek all additional legal remedies provided to us under Colorado law in order to recover the amount of the check. You will be responsible for all collection costs incurred, including attorney's fees and court costs.

***Collection of Past Due Accounts***

Accounts that are 75 days past due are subject to collection action. Any legal activity would cause a breach in the physician/patient relationship, which may result in discharge from the practice.

If your account is assigned to a professional collection agency, you will be notified by certified mail that you are no longer able to receive services from our physicians.

All accounts assigned to a professional collection agency are responsible for all collection costs incurred, including attorney's fees and court costs, if applicable.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communication. Please contact our office if you have any questions. We are here to help you.