

PINNACLE WOMEN'S HEALTHCARE – FINANCIAL POLICY (EFFECTIVE FEBRUARY 2007)

We are committed to providing you with the best possible medical care. If you have special needs, we are here to work with you. The following information is provided to avoid any misunderstanding or disagreement concerning payment for the professional services you need. You may have been a longtime patient with PWHC; however, this policy is now in effect for everyone.

Our office participates with most health plans, however it is your responsibility to make sure we are participating with yours. It is also your responsibility to:

- Bring your insurance card with you to each visit and be prepared to update your current demographic information.
- Be prepared to pay your copay at each visit. Payment must be made by cash, check, Visa or MasterCard. If you do not pay your copay, your visit to the provider may be rescheduled.
- Any patient balance remaining from previous services is expected to be paid prior to any additional services.
- For medical care not covered by your insurance, payment in full is due at the time of service.

We send statements each month reflecting any balance that is not covered by your insurance and/or that has not been collected at time of service. You are expected to pay this balance upon receipt. If the balance is not paid within 30 days, you will receive a letter and a call from our office. If the balance is not paid within 60 days, your account will be sent to our collection company unless you have made arrangements for payment. If your balance is not paid within the allotted time or if you have not met the obligations associated with an extended payment plan, we will have the right to ask that you obtain your healthcare from other resources.

Our practice firmly believes that a good physician/provider patient relationship is based upon understanding and good communication. Questions about financial arrangements should be directed to the patient billing department: 303-695-4800. Please do not ask your physician/provider to make special arrangements for you.

I acknowledge that I have read, understand and agree to the financial policy stated above:

Signature: _____ **Date:** _____