

Kristine Eule, M.D.

Financial Policy

In order to reduce confusion and misunderstanding between our patients and the practice we have adopted the following financial policy. If you have any questions please discuss them with our billing staff. We are dedicated to providing the best possible care and service to you and regard your complete understanding of our financial policies as an essential element of your care and treatment.

Unless other arrangements have been made in advance by you on your health coverage carrier, full payments for office services are due at the time of service. For your convenience we will accept VISA, MasterCard, and Discover, as well as cash, or check.

About Health Insurance:

Your insurance policy is a contract with between you and your insurance company. As a courtesy, we will file your insurance claim for you. It is your responsibility to provide accurate and timely insurance information.

About Participating Health Plans:

We have made prior arrangements with many insurers and other health plans to accept an assignment of benefits. We will bill those plans with which we have an agreement and will only require you to pay the co-payment at the time of service.

All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be “not covered”, you will be responsible for the complete charge. Payment is due upon receipt of statement from our office.

For all service rendered to minor patients we will look to the adult accompanying the patient and parent or guardian with custody of payment.

It is your responsibility to verify that this office participates with your insurance. If we do not participate with your insurance, you will be responsible for all charges out of pocket.

- **WE DO NOT ACCEPT ANY DISCOUNT PLANS**
- **Co-payment is required at the time of service.** You are responsible for paying your co-payment when you check in.
- **Self-Pay.** Patients without insurance are expected to make payment in full on the day services are rendered. If you are unable to pay in full, payment arrangements must be made in advance, prior to your being seen by our providers.
- **Patients are responsible for all charges that are not covered by their insurance plan.** This includes co-payments, deductibles, co-insurance, and services including lab tests that may not be covered.

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- **Obstetrical Patients.** You are responsible for contacting your insurance company regarding the expected financial expenses for pregnancy and delivery. This may be co-payments, lab fees, deductibles, co-insurance, etc. The patient is expected to pay her portion prior to delivery. We request that your portion be paid by the end of your 28th week of pregnancy. We will be verifying your insurance benefits and let you know regarding your financial responsibility prior to delivery. If you do not have insurance, you are expected to have your obstetrical fee paid in full by the 28th week of pregnancy.
- **Routine and Non-Covered services.** Not all insurance companies pay for all routine services. If you have a service that is “Not a Covered Benefit” of your insurance, you will be financially responsible for payment of those services. Claims will be filed in accordance with the documentation in the chart. We advise that you check with your insurance carrier to see if your plan pays for any routine care; i.e., annual exams, contraception, etc. This will help you avoid any unexpected charges.
- **When you receive a bill from us, payment is expected within 30 days.** If you need to make payment arrangements, please contact our billing personnel at (303) 904-1444 before the 30 day period. **Our office requires for you to place a credit card on file with our office. Please see our credit card authorization form for details.**
- **No Show and Short Notice Cancellation fee:** You may be charged a \$50 cancellation/no show fee.
- **Patients are responsible for the cost of collection efforts.** If payments are not received in accordance with the above guidelines, the account will be turned over to a collection agency. The patient will be responsible for any collection fees, attorney fees and costs involved in collecting on the debt.
- **Lab fees. All lab services provided outside of our office are billed separately.** Our office will send a copy of the billing information on file with the specimen. We do not handle any of the lab billing. Some insurance plans require that your lab work be performed at certain laboratories. It is your responsibility to inform the staff if your insurance requires a specific laboratory. Please make sure we have your most current insurance information. If you have any questions or concerns about the bill from the lab, you must contact them directly.

By signing below,

I acknowledge that I have read and understood the financial policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

Signature

Date