



Thank you for choosing us for your health care. Our Centers and Offices are privately owned by the physicians of Rocky Mountain Gastroenterology. The information below outlines our financial policies and expectations in regard to payment for services provided to you by our company. If you have any questions about these policies, please contact our Business Office at 303-205-1090 option 2.

IF YOU HAVE INSURANCE: Please bring all health insurance cards or policy information with you at the time of service.

If this information is not provided, your account will be set up as uninsured and payment in full will be expected at the time of service.

- It is your responsibility to check with your insurance plan regarding any co-payment, deductible or co-insurance you might owe at the time of service. If you have questions about your coverage, speak to your employer or contact your insurer directly.
- Insurance claims are filed as a courtesy. It is your responsibility to see that the claims are paid.
- Our insurance verification team will check benefits, co-pays and deductibles for any procedure scheduled at our Endoscopy Center. You will receive a phone call from the verification team a few days prior to your procedure.
- We cannot guarantee payment by your insurer and all quotes given are estimates. Co-pays and deductibles could change once the claim is processed by your insurer, depending on your plan's details and the physician's final diagnosis.

IF YOU DO NOT HAVE INSURANCE: Payment in full is expected at the time of service. You may contact our Business Office prior to the procedure if a payment plan needs to be arranged.

Procedures at Rocky Mountain Gastroenterology Endoscopy Centers involve separate and distinct services that will be billed to your insurance carrier. Insurers consider Endoscopy to be an outpatient surgical procedure, therefore you may be responsible for an outpatient facility co-pay.

Services Billed by RMG/RMEC Business
Office (303) 205-1090, option 2

Services Billed by Central Colorado Anesthesia Associates LLC (CCAA):
1-888-337-3509

- Rocky Mountain Endoscopy Center facility fee
- Rocky Mountain Gastroenterology Physician fee
- Lab/Pathology fee
- Anesthesia CRNA Assistant
- Anesthesia Medication

CANCELLATIONS AND MISSED APPOINTMENTS - REQUIRE 48 HOUR NOTICE

As a courtesy to other patients requiring services, we require that you provide notice of cancellation 48 business hours in advance of your appointment. **Patients who do not provide 48 business hours notice may be charged a fee of \$200.00.**

YOU ARE ENTERING INTO A FINANCIAL CONTRACT BETWEEN YOURSELF AND OUR COMPANY

The following statements apply to this financial agreement:

- I understand that responsibility for payment of medical services in this office/center for myself and my dependents is mine. Co-pays and deductibles are due and payable at the time services are rendered unless financial arrangements have been made in advance with our business office.
- I also understand that any co-insurance and/or deductible incurred, after my insurance company processes claims for services provided, is expected within 30 days of the first statement date
- If my account is not paid in full within 30 days of my first statement, collection proceedings will begin. Should my account be turned over to a collection agency, I understand that I am responsible for all costs of collections including attorney fees, collection fees (25% of balance due) and court costs.
- I also understand that any unpaid balance turned to the collection agency will be assessed interest at the rate of 18.00% (1.5% monthly).

Signature of Patient or Responsible Party

Date

Methods of Payment: We accept cash, checks, money orders, debit cards, Visa, MasterCard, American Express and Discover Cards.