Financial Policy - 2024

Please read and initial each section of the policy's below

Insurance

Complete and accurate and/or updated insurance information must be provided at every visit. Please have your current card available. Pinon Family Practice (PFP) reserves the right to deny service, reschedule or make your account self-pay at any time if this information is not present at the time of service or is inaccurate. It is your responsibility to confirm with your insurance carrier and specific plan within that PFP is in-network and that services rendered to you will be covered. PFP will do its best to notify you of any known out-of-network plans however, any out-of-network expense(s) incurred will be your responsibility.

By signing below, you authorize PFP to file with your insurance carrier and assign payment of medical benefits to PFP. You further acknowledge PFP to release any and all medical records and information necessary to process any claim generated by a service you or your dependent(s) receive. When applicable, it is your responsibility to ensure that a PFP provider is designated as your PCP on file with your carrier as required. It is your responsibility to be familiar with your insurance policy so you are aware of what services are covered and/or non covered. You will be responsible for payment of any medical services if your insurance denies payment. PFP does not know and cannot guarantee your insurance coverage, plan or benefits, this is your agreement with the carrier.

All copays are due at the time of service for every visit with a provider, including any telehealth encounters and follow-up requests. You will be asked to reschedule if you do not have the means to pay. This is your agreement with your carrier. Any outstanding balance will be collected at check-in or you will be asked to reschedule until payment is made. PFP cannot waive or write off copay's, deductibles or non-covered services that are due as per your insurance policy. PFP is contractually obligated to collect these fees.

PFP is contractually obligated to bill for any service(s) rendered and will abide by all industry standards of insurance and coding and billing guidelines. PFP will not re-code a visit different from what was scheduled and/or documented by the PFP provider at the time of service for the purpose of additional coverage/benefit.

If PFP does not accept your insurance or plan, you can choose to pay as self-pay however you must understand that medications, referrals, tests, imaging etc…may not be covered if ordered by our providers. PFP does NOT participate with Health First/Medicaid of CO and cannot enter into a self-pay agreement for any reason.

Initial _____ **I have read, understand and agree to the policies stated above.**

Self Pay

No Insurance/Out-of-network. Payment in full is due at the time of your appointment, including telehealth encounters. PFP will provide a 15% discount for all professional services (excluding vaccines and medications). A deposit of $106 is due at check-in (cash or credit/debit card) prior to any services rendered. Providers will code your visit using industry standards and coding and billing guidelines as indicated by the AMA and CMS standards. If at check-out, your service total is less than the deposit amount, we will immediately refund the difference. If your visit is more (i.e.: vaccine, medications, labs, etc...) you are expected to pay the difference at that time. If you leave without settling your balance, you will forfeit any self-pay discount and incur a $10 billing fee.

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Account Balance

Any out of pocket amount assigned is due immediately upon the processing of your claim(s) by insurance. We will hold a current credit/debit/HSA card on file and process no sooner that 14 days from the date we are notified by your insurance carrier of your responsibility (see the PFP Credit Card Policy). This allows time for you to review and contact us if necessary. You should be notified simultaneously (or able to access your insurance Explanation of Benefits) as your insurance carrier process your claim(s). Generally, it takes the insurance 2-4 weeks to process claims. Additionally, you can also access your PFP statement anytime on our Patient Portal. We accept Visa, MasterCard and American Express, Discover and HSA payments.

As we identify any deductible/coinsurance amount due (per electronic download of your insurance benefits) PFP will require the minimum contractual allowed amount be paid at the time of service should you do not choose to keep a credit card on file.

There will be a $10.00 billing charge assessed for every 30 days your account is past due. If you choose not to leave a credit card on file or, the card fails and you fail to pay or make arrangements within 14 days as indicated above, you will incur the $10 billing charge as a result. The card on file and "annual consent" is required to be updated annually. Please note: should your account become “delinquent” at any time, Pinon does reserve the right to and may deny services, prescriptions, paperwork etc….

Should your account become delinquent and assigned to a collection agency, you agree by signing below to pay an additional collection charge of 33% of the outstanding balance or a minimum of $40.00 whichever is greater to offset in part the collection agencies fee charged to this practice. Should legal action be initiated by the collection agency, you agree to pay a collection charge of 50% of the outstanding balance as well as all costs and reasonable attorney fees incurred in such collection efforts by this office or our assignee. Furthermore, you and your family members may be discharged from PFP due to nonpayment.

There will be a $25.00 fee for any returned checks and PFP will require cash or credit card for future payments.

There will be a $79 fee for no-showing scheduled appointments. Showing 5 or more minutes late will be considered a no-show. Three (3) no-show visits will result in dismissal from PFP. There will be a $79 fee for cancelled appointments without providing 24-hour notice. The card on file as agreed above, will be immediately run for no-show/late cancel visits.

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Paperwork

Paperwork/forms requested without an appointment will incur a fee. FMLA and Disability paperwork - $75 due at time of pick-up; Sports Physical forms, return to work and biometric screening forms - $35 due at the time of pick-up.

Pursuant to Colorado Statute (C.R.S 25-1-801) Medical records printing fees are as follows: pages 1-10 $18.53 and pages 11-40 $.85 per page and 41+ pages $.57 per page, plus postage. You can access, download, save and print your records at any time through your patient portal, free of charge. As a courtesy, to forward records to another medical facility for continuity of care is free of charge. PFP uses a copy service and therefore, PFP staff cannot copy/release records at the office. Pursuant to Colorado Medical Board policy 40-07, release of records can take up to 30 days from the date of the initial request.

Initial _____ **I have read, understand and agree to the policies stated above.**

My signature below indicates that I have read and agree to the above Financial Policies and terms within. I agree that I am taking financial responsibility for any services rendered. I agree that a photocopy/digital image of this agreement shall be valid as the original.

If patient is under 18 years of age, a parent or legal guardian must sign below POA or Agent, please provide court approved documentation.

Patient Name: (please print)	**DOB:**
Signature of Patient, Guarantor or Agent:	**Date:**