

**RETURN THIS FORM 10 DAYS PRIOR TO YOUR APPOINTMENT. IF NOT RETURNED
WE WILL HAVE TO RESCHEDULE YOUR APPOINTMENT AT A LATER DATE**

We are pleased that you have chosen us for your healthcare needs and are committed to providing you with the best possible care. We are happy to discuss our professional fees with you any time. Your clear understanding of our financial policy is important to our professional relationship.

Your appointment time is reserved exclusively for you. If you are unable to keep this appointment, please give us 48 hours notice so that we may accommodate another patient. If you fail to give us notice, there will be a \$100 charge, which will not be covered by your health insurance company.

We are going to give you our full attention whenever you have a visit with us. We also want you to be able to give us your full attention. We therefore ask you to turn off all cell phones and pagers before your visit. We also ask for your consideration in not bringing children to your visit with us. The issues we discuss and the procedures we perform may not be suitable for young children. Unfortunately, we do not have the staff to watch your children. For safety reasons, and the comfort of our other patients, they can not be left in the waiting room alone either.

All patients must complete, sign and send our "Patient Information and Financial Policies" back 10 days prior to your appointment. We will copy your insurance card at this time. Please advise the office if your insurance coverage changes.

We will inform you if we are a party to your insurance contract and will handle your claims according to our agreement with the insurance company. Patients are responsible for all charges not covered by their insurance plan, including co-payments and deductibles. Payments are due at time of service. Patients understand that any unpaid balance may be turned over to a collection agency. The patient is responsible for all costs of collections, including attorney's fees, collection fees and court costs. Any unpaid balance will be assessed interest at the rate of 18% per annum, (1.5% monthly)

Patients are responsible for understanding their insurance coverage. If you are uncertain about whether a service is covered by your insurance plan, call our practice manager for assistance in contacting the insurance company to obtain the information you need. The ultimate responsibility for determining what is covered and what is not covered lies with the patient. Please double check all coverage, deductibles, copays, etc.

Many infertility procedures are not covered by health insurance and these can be quite costly. A meeting between you and our practice manager before starting treatment may avoid billing or payment problems later. Physician charge during hospitalization are billed separately. If you are treated at a hospital, you will receive an itemized statement for your physician services, hospital fees, anesthesia, etc. separately.

We accept cash, checks and Visa/Mastercard/Discover/American Express as payments for our services. There is a \$25.00 charge for returned checks. Our practice manager will contact you if a check does not clear the bank. The amount of the returned check and the \$25.00 service charge must be paid in cash or money order within five days of the notification.

Telephone consultations or telephone calls, which involved the coordination of medical care, are fees for services. These charges will be processed and billed to the insurance or patient as indicated by current benefit information.

Copies of your medical records are provided to each patient upon receipt of a signed release form or letter. There will be a charge for copying.

We sincerely appreciate the opportunity to provide you with quality medical care and services at Colorado Reproductive Endocrinology. We trust you will feel free to contact us with any concerns or questions you may have concerning your account or medical insurance.

Responsible Party Print Name

Date

Responsible Party Signature

Date