



Alpine Surgical
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Boulder CO 80303
www.alpinesurgical.net
Phone 303.449.3642 Fax 303.440.7298

ALPINE SURGICAL FINANCIAL POLICY

Alpine Surgical is pleased to welcome you to our office. We appreciate the trust that you have placed in our practice by asking us to evaluate and treat you. We will do our absolute best to make the experience a positive one.

As surgical specialists, we charge a consultation fee for an office visit or inpatient evaluation. This includes our medical evaluation, review of diagnostic tests and decision-making. A fee is assigned to each surgical procedure performed. **We will estimate your out of pocket expenses for office visits and office procedures based on your deductible and coverage, and require that you pay this at the time of service.** If the estimated cost differs from the actual insurance payment we will send you a statement once we have received your balance from the insurance company. **We require payment within 30 days.**

We are contracted with most insurance plans (including Medicare). Our fees are set at a contracted rate that varies by insurance plan. You are responsible for verifying that our physicians are in your insurance network. We recommend that you verify your coverage benefits with your insurance company.

Prior to elective surgery, we will contact your insurer to obtain pre-certification and verify your benefits. This process does not guarantee payment from the insurance company. **We will also estimate your out of pocket expenses based on your deductible and coverage, and require that you pay this BEFORE the procedure.** If you do not have medical insurance, payment is expected at time of service for office visits. Payment arrangements must be made prior to any surgical services.

Many times, a surgeon requires an assistant. If your surgery requires an assistant, you will receive a separate bill from his or her office. Routine follow-up after *most* operations is included in the surgical fee.

The charges from Alpine Surgical are **usually** 20-25% of your total charges. The hospital fees, anesthesiologist, pathologist, surgical assistant, and lab often make up the rest. **Even if you have insurance, you, the patient, are ultimately RESPONSIBLE for the bill.** As a service to our patients, we will submit a proper medical insurance claim **once** per visit on your behalf. You must provide up-to-date insurance information at every visit. If you do not provide us with effective insurance information at the time of service, you may be responsible for the entire bill.

For further details regarding our office policies, please contact Tina at 303-449-3642. For information about hospital charges, please contact Boulder Community Hospital Financial Counselors at 303-440-2139.

If no attempt has been made within 60 days to pay your bill or make payment arrangements, the account will automatically be turned over to a collection agency and will adversely affect your credit report. **If you have a special circumstance, you may contact Tina directly to make arrangements and avoid being placed in collections.**

No-Show Policy: Often times, our schedule is full and other patients need to be seen sooner. Please contact us within 24 hours of your appointment if you intend to cancel. A charge of \$50 may be added to your account for not providing adequate notice.

Customer hereby acknowledges and agrees that any account that becomes delinquent will be subject to a collections agency. The Customer agrees to pay all court costs and reasonable attorney fees for collection of all past due amount owed plus interest thereon at 18 (eighteen) percent per annum on all such amounts outstanding. Customer agrees to this financial policy.

Patient Name (Print): _____

Patient/Guardian Signature: _____ Date: _____