



FINANCIAL POLICY AND PATIENT AGREEMENT

The following is the Financial Policy for Colorado Springs Orthopaedic Group. We are committed to giving you the best care possible; we expect, in return, that you have the same commitment to your medical and financial responsibility to us.

CUSTOMER SERVICE: If you need assistance with insurance or referral problems, or wish to discuss your account and/or set up financial arrangement, contact our billing department. We accept cash, checks or credit cards (Visa, MasterCard or Discover) as payment. **There will be a \$25.00 service charge on any returned checks.**

APPOINTMENTS: Even if you are an established patient with us, it is advisable to arrive 5-10 minutes before your scheduled appointment time for updating your record and/or paying your co-payment. We understand that emergencies arise necessitating changing your appointment date and/or time. If you fail to cancel or reschedule, we will excuse your first failed appointment; however, **any subsequent failed appointments will be charged to you (\$25.00 each).**

WORKER'S COMP: We need the name of your Comp carrier, their address, your claim number, and the name and phone number of any contact person. If that information is unavailable on your first visit **you are responsible for the bill until that information has been given to us.**

SELF-PAY: Payment is required at the time of service.

MOTOR VEHICLE ACCIDENT: We have 30 days to file our claim with your insurance carrier and must have that billing information.

MEDICAID: An authorization from your primary care physician and a copy of your **CURRENT** card are required before services can be provided. Unless both are available, the appointment will be rescheduled.

HMO/PPO: If we have an agreement with your insurance carrier, we will receive direct payment for covered services. Co-payments are due at the time of service. Deductible and co-insurance amounts applied to the claim will be due from you. **Services not covered or deemed not medically necessary by your plan will be billed to you.** Referrals are the patient's responsibility. If a referral is not in place, you will be responsible for payment or will be rescheduled.

INDEMNITY-TYPE INSURANCE: Your insurance may or may not agree with the UCR (Usual, customary and reasonable) changes for our local area. Your benefit plan may not cover all services or may even deny payment for services. Should there remain a balance on your account for any reason after your insurance has been processed, you will be responsible for payment.

BILLING: We will file your primary and supplement insurance for you if you provide us with the billing information and a copy of your insurance cards. Our statements go out the end of the month. If you have insurance, we will allow 60 days for them to respond to the bill. If they have not responded in that time frame, we ask that you begin making payments on your account while you resolve the billing problems with your insurance company.

NONPAYMENT: If your account becomes delinquent, it may be forwarded to an outside collection agency. If this happens, you will be responsible for all costs of collection, including, but not limited to, interest, refilling fees, court costs, attorney fees, and collection agency costs. Insurance benefits are a matter between you and your insurance company. You are ultimately responsible for payment on your account.

COPIES OF RECORDS: We have a company that copies records for us every week. If you will be needing copies of your records, complete a release form, allowing enough time so that the records can be done for you. **Fees for copying records are as follows: \$16.50 for the first 10 pages; \$0.75 per page from pages 11-40, \$0.50 per pages after 40; and \$1.50 per pages for records copied from microfilm.**

DISABILITY FORMS: There is a \$15.00 charge for completion of disability forms, the first one completed at no charge. If you need a letter to be written by your physician, please allow 5-7 working days for completion.

PRESCRIPTIONS: Please give our office at least 24 hours notice if you need a refill on your prescription during the work wee. Please call by noon on Friday for refills needed during the weekend.

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____

OWNERSHIP DISCLOSURE NOTICE

As part of the Patient Protection and Affordable Care Act signed into law on March 23, 2010, we, the physicians of Colorado Springs Orthopaedic Group, are required to disclose our ownership of any related ancillary services and provide you with a list of alternatives.

We are the sole proprietors of the **Colorado Springs Orthopaedic Group MRI Center** and **Audubon Orthotic & Prosthetic Services**. Furthermore, we participate in the ownership and management of the **Audubon Surgery Center** and the **Audubon Surgery Center at St. Francis**. In order to ensure the *best continuity of care, excellent customer service* and the *highest level of clinical quality*, it is vital for us to have ownership, insight, input and control over these ancillary services.

Please note that you are free to obtain your MRI at the facility of your choice, however, please take into consideration that not all imaging facilities are accredited and offer a high-field 1.5 Tesla magnet which is ideal for properly detecting and diagnosing orthopedic injuries and conditions. The **Colorado Springs Orthopaedic Group MRI Center** is an accredited MRI facility by the American College of Radiology (ACR). The ACR awards accreditation to facilities for the achievement of high practice standards after a peer-review evaluation of the practice. Evaluations are conducted by board-certified physicians and medical physicists who are experts in the field. They assess the qualifications of the personnel and the adequacy of facility equipment. In addition, our MRI center offers on-site radiologists through Radiology Imaging Consultants (RIC) who are specially trained musculoskeletal radiologists

With respect to orthotic and prosthetic services, **Audubon Orthotic & Prosthetic Services (AOPS)** has been providing quality care to Colorado Springs residents and our patients since 2000. They custom design, fit, and fabricate orthotic and prosthetic devices with an on-site lab and have offices located next to ours on the Audubon and St. Francis medical campuses, providing you with customized care, increased convenience and timely service for all of your needs. Furthermore, AOPS is accredited by the American Board for Certification in Orthotics, Prosthetics and Pedorthics (ABC) and has ABC-certified practitioners on staff. Since its inception in 1948, ABC has become the quality standard in orthotic, prosthetic and pedorthic certification and is the only credentialing board with Category I recognition from the International Society for Prosthetics and Orthotics (ISPO).

In terms of outpatient surgery, the **Audubon Ambulatory Surgery Centers** are also conveniently located next to our offices and provide you with a cost-effective and comfortable alternative to other surgery centers and hospitals in the area. They are accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) and offer a highly-skilled and friendly staff and the latest advances in surgical technology. The AAAHC, is a private, non-profit organization formed in 1979. It is the preeminent leader in developing standards to advance and promote patient safety, quality and value for ambulatory health care through peer-based accreditation processes, education and research. Accreditation is awarded to organizations that are found to be in compliance with the Accreditation Association standards.

In the event that an ancillary service is required as part of your treatment, please review the below list of facilities and providers for options.

MRI Imaging Services

Colorado Springs Orthopaedic Group
MRI Center
1625 Medical Center Point, Suite 150
Colorado Springs, CO 80907
(719) 867-7315

PENRAD Imaging
3050 North Circle Drive
Colorado Springs, CO 80909
(719) 785-9000

Memorial Hospital
1400 East Boulder Street
Colorado Springs, CO 80909
(719) 365-5240

Premier Diagnostic Center
3920 North Union Boulevard
Colorado Springs, CO
(719) 268-3300

Colorado Springs Health Partners
209 South Nevada Avenue
Colorado Springs, CO 80903
(719) 475-7700

Colorado Springs Imaging
6005 Delmonico Drive
Colorado Springs, CO 80919
(719) 260-6500

Pueblo Imaging Center
404 West 12th Street
Pueblo, CO 81003
(719) 542-0172

Park West Imaging
3676 Parker Boulevard
Pueblo, CO 81008
(719) 595-7660

Pikes Peak Regional Hospital
16420 W Us Highway 24
Woodland Park, CO 80863
(719) 686-5871

St. Thomas Moore Hospital
1338 Phay Avenue
Canon City, CO 81212
(719) 285-2000

St Mary-Corwin Regional Medical Center
1008 Minnequa Avenue
Pueblo, CO 81004
(719) 557-4444

Prowers Medical Center
401 Kendall Drive
Lamar, CO 81052
(719) 336-4343

Orthotic & Prosthetic Services

Audubon Orthotic & Prosthetic Services
3030 North Circle Drive, Suite 110
6071 East Woodmen Road, Suite 115
Colorado Springs, CO
(719) 867-7335 & (719) 622-4578

Hanger Prosthetics & Orthotics, Inc.
175 S. Union Blvd. Suite 370
Colorado Springs, CO 80910
(719) 632-5075

Abilities Unlimited
245 Parkside Drive
Colorado Springs, CO 80910
(719) 520-9700

Outpatient/Ambulatory Surgery

Audubon Surgery Center
3030 North Circle Drive
Colorado Springs, CO
(719) 867-7500

Audubon Surgery Center @ St. Francis
6071 East Woodmen Road, Suite 200
Colorado Springs, CO 80923
(719) 355-3400

Surgery Center at Printers Park
175 South Union Boulevard
Colorado Springs, CO 80910-3117
(719) 667-5800

Surgery Center at Premier
3920 North Union Boulevard
Colorado Springs, CO 80907-4920
(719) 268-3200

Colorado Springs Surgery Center
1615 Medical Center Point
Colorado Springs, CO 80907
(719) 635-7740

Penrose Hospital
2222 North Nevada Ave
Colorado Springs, CO 80906
(719) 776-5000

St. Francis Medical Center
6001 East Woodmen Road
Colorado Springs, CO 80923
(719) 571-1000

Memorial Hospital
1400 East Boulder Street
Colorado Springs, CO 80909
(719) 365-5000

Memorial Hospital North
4050 Briargate Parkway
Colorado Springs, CO 80920
(719) 364-5000

Patient Signature

Date

Witness

Date