

INTEGRITY FAMILY HEALTHCARE, P.C.

1465 Kelly Johnson Blvd., Suite 100
Colorado Springs, CO 80920

719-572-0951

FAX 719-572-0955

WELCOME TO INTEGRITY FAMILY HEALTHCARE, P.C.

Thank you for choosing us to provide your medical care. We would like to take a moment of your time to inform you of our policies regarding insurance acceptance and payment for services. We live in a complicated time for our healthcare delivery. If you have any questions, please feel free to ask.

We accept cash, personal checks, Visa, Mastercard, and Discover Card for payment of your account. There will be a fair charge assessed for returned checks. Payment for copays and Self-paying patients is due at the time of service.

NO INSURANCE: If you do not have insurance, payment for services is due at the time of your visit. In the event that your medical need is beyond your available financial resources, our Financial Advisor can help answer questions about other possible options.

MEDICARE: We are participating Medicare Providers. We will submit your insurance claims to Medicare for you. At this time we are not accepting new Medicare patients.

MEDICAID: We also participate as providers with the Medicaid program. Each month, you must provide us with a copy of your Medicaid card, indicating that you are still eligible for Medicaid coverage. Should services be rendered, and you are no longer eligible for Medicaid, you will be responsible for payment, based on our normal fee schedule. All legal copays are to be paid on the day of service, as with any other plan. At this time we are not accepting new Medicaid patients.

CONTRACTED INSURANCE: If you have insurance with a company with whom we are contracted providers, we will submit your insurance claims for you. This can only be done if you supply us with the information necessary to do so. This includes a copy of your card, personal information of the guarantor, and a telephone number allowing us to verify your exact coverage. You are still responsible for payment of your copay at the time of service and any amounts not covered by your insurance, including coinsurance and deductibles. If coverage is denied for any reason, you are responsible for payment of the balance due, based on our normal fee schedule. We will be happy to assist you, where possible, in settling issues with your insurer by providing information, but we do not have any authority regarding your benefits or coverage.

PRIVATE INSURANCE: As a courtesy to you, we will be happy to file a claim with your insurance company. You will be required to provide us with all the necessary billing information. All insurance payments that are paid directly to you should be immediately endorsed and paid to the physician who provided the services. It is your responsibility to contact your insurance company in the event of non-payment. Many private insurance companies restrict payment, indicating that some fees are over their "Usual and Customary" fee schedules. We believe that this is done in an effort to unfairly set physician fees and restrict the physicians' ability to determine and meet the needs of their patients. We will not allow non-contracted insurance companies to discount our fees or to determine patient care criteria. We set our fees based on our costs to provide you with appropriate, uncompromised care.

WORKER'S COMP: We do not accept at this time.

AUTO INSURANCE: If your visit here involves an accident-related injury, we must know the date of the accident and the name and telephone number of your adjuster assigned to your case. If this information is not provided, or if your case is denied for payment, you are responsible for full payment. We do not do 3rd party billing and we do not accept liens.

NON-PAYMENT: It is important that you stay in contact with us in a timely manner and make payment arrangements with us for any outstanding balances on your account. In the event your account balance becomes delinquent, a 30-day pre-collection letter will be sent. In the event payment is not received within those 30 days, the account will be turned over to collections.

Please work with us to ensure that we are able to provide you with the quality of care you both desire and deserve. In these challenging times of large hospital systems and insurance companies, we must be advocates for each other and the doctor/patient relationship. We are here to provide you with compassionate, uncompromised healthcare.

Patient Signature

Date

(Responsible Party Over 18)