



Douglas Family Medicine, PC  
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## **Financial Policy**

We, at Douglas Family Medicine, are committed to providing you with the best possible care. We regard your understanding of our financial policies as an essential element of your care and treatment. To assist you, we have the following financial policy. If you have any questions, please feel free to discuss them with our staff.

### **PROOF OF INSURANCE**

We must obtain a copy of your current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you will be responsible for the balance of the claim.

### **COPAYMENTS AND DEDUCTIBLES**

All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. A \$5.00 billing fee will be added if we have to bill you for a co-payment.

### **INSURANCE**

We will bill those plans with which we have an agreement and will collect any required co-payment at the time of your arrival. If you are not insured by a plan we do business with, payment in full is expected at each visit. It is your responsibility to determine what is or is not covered per your insurance plan benefits. You will be responsible for the full amount of the visit or procedure if your insurance indicates that it is not a "covered expense". Insurance benefits are a matter between you and your insurance company. Please contact your insurance company with any questions you may have regarding your coverage.

### **UNINSURED OR SELF PAY PATIENTS**

We offer a discount to our patients who do not have insurance. Please be advised that the discount is only good when charges are paid on the day of service. If the charges are not paid at the time of service, the discount will be removed, and payment of the full charge will be expected before the next visit.

### **MISCELLANEOUS FORMS CHARGES**

Providers will complete various health questionnaire forms on your behalf, and HIPAA law requires that we first obtain your authorizing signature on a Medical Release. There will be a charge of \$20.00 per form that is due at the time the Medical Release is signed in order for us to cover our expenses for staff time and copying of the records.

### **MINOR PATIENTS**

For all services rendered to minor patients, parents or guardians shall be responsible for the consent for treatment and payment for service. An authorization to treat will be signed by the responsible party.

### **APPOINTMENT POLICY**

In order to provide the best possible service and availability to all our patients, it is our policy to charge \$20.00 for missed appointments not canceled at least 24 hours prior. Please call us as early as possible if you know you will need to reschedule your appointment.