



Glenwood **Medical** Associates

## **Financial Policy**

The Patient/Guarantor assume full responsibility for all medical charges incurred by Patient with Glenwood Medical Associates, P.C. ("GMA"). Payment in full is due at the time of service unless prior arrangements have been made with Patient Financial Services.

The Patient/Guarantor is responsible for any charges not covered by insurance. In the event the patient has insurance, all required co-payments, co-insurance and deductible amounts must be paid at the time of service. GMA will then file the claim with the insurance company, provided all of the necessary information has been provided to GMA by the Patient as of the time of service. This includes a valid, current insurance card. If the insurance company does not submit payment within 45 days, Patient/Guarantor will be responsible for any and all outstanding balances on this account. In the event the insurance company, rather than the GMA provider of those services, denies payment for some services for the reason of "not medically necessary" or "non-covered services", Patient/Guarantor will be fully responsible for the payment of any amounts owed for such services. Patient/Guarantor further understands that if GMA files an insurance claim on Patient's behalf and the insurance company incorrectly discounts or takes adjustment that are not in accordance with the contractual provisions established between GMA and insurance company, the balance remaining, to the extent permitted by Colorado State Law, will be Patient's/Guarantor's responsibility to remit said balance to GMA.

It is acknowledged that GMA is not contracted with all insurance companies which may result in some claims being processed as out of network. In such event, Patient/Guarantor agrees that Patient/Guarantor will be responsible for the payment of the balance of such charges not paid by the insurance company.

If this account remains unpaid for over 30 days, a monthly Late Payment Fee of 8% APR will be charged to Patient's account. If the account remains unpaid for 60 days, it may be turned over to a collection agency or attorney for collection, in which event the Patient/Guarantor agrees to be responsible for all costs incurred in collection of this account, including a reasonable attorney's fees and court costs.

Patient hereby assigns all medical and/or surgical benefits, to include major medical benefits, to which patient is entitled, including Medicare and other government sponsored programs, private insurance coverage and any other health plan coverage to Glenwood Medical Associates. I hereby instruct and direct my insurer to pay Glenwood Medical Associates directly. This assignment will remain in effect until evoked by me in writing. I understand that I am financially responsible for all charges whether or not paid by my insurance. I hereby authorize said assignee to release all information necessary to secure the payment of any benefits to which I am entitled. Should my insurer pay me directly, I will forward such payments to Glenwood Medical Associates with the endorsement "Pay to the order of Glenwood Medical Associates". I understand that retention of payment for services provided by Glenwood Medical Associates to which I am not entitled may result in civil or criminal liability for me.