

# Castle Rock Family Physicians Payment Policy

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. We have developed the following payment policy. Please read it, ask us any questions, and then sign in the space provided. A copy will be provided at your request.

**1. Self-Pay / Non-Insured Patients.** Medical services requested by any non-insured patient require a cash or charge card payment prior to any non-emergency care. The following discounts will be applied with payment prior to your visit with a provider:

Cash payments (15% discount)  
Charge Card payments (10% discount) (MasterCard or VISA)

**2. Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan with which we participate, payment in full is expected at each visit. If you are insured by a plan with which we participate, but you don't have a current valid insurance card, payment in full for each visit is required until we can verify your coverage. Your insurance benefit is your responsibility. Please contact your insurance company with any questions you may have understanding your coverage.

**3. Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service.

**4. Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

**5. Proof of insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance ID (if applicable).

**6. Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility.

**7. Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

**8. Non-payment.** All account balances are due within 30 days. Partial payments will not be accepted unless otherwise negotiated in advance. Unpaid balances greater than 30 days may be referred to a collection agency.

**9. Missed appointments.** Our policy is to charge for missed appointments not canceled within 24 hours of the appointment (\$35.00). These charges will be your responsibility and billed directly to you.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Please let us know if you have any questions or concerns.

**I have read and understand the payment policy:**

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Signature of patient or responsible party

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Print Name

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Date