

**Colorado Cardiovascular Center
3000 Center Green Drive, Suite 120
Boulder, CO 80301**

Financial Policy

Please read and sign, indicating your understanding of the following information. If you have questions please do not hesitate to ask, we are always willing to help. It is important that you understand these specific policies of Colorado Cardiovascular Center and that you understand how your insurance company will handle your claims.

It is your responsibility to provide CCC with current and correct insurance information. Failure to do so could result in your insurance company rejecting your claims for failure to obtain authorization or timely filing. In the event that this should happen you may be held responsible for the incurred charges.

Initials_____

It is your responsibility to verify and understand your insurance coverage. As a courtesy, CCC will contact your insurance company and attempt to verify your benefits. We will alert you to any restrictions your plan has that could prohibit your care here. **If you make appointments that fall outside of the parameters of your covered benefits, you will be held financially responsible for those visits.**

Initials_____

If you have a deductible, it will have to be met before your insurance will begin paying your claims. Please contact your insurance company to find out if your deductible has been met for the year. Please be prepared to pay your copay at each visit.

Initials_____

CCC will have you sign a self-pay waiver if you have no insurance or if you choose not to use your insurance coverage. This waiver clarifies your financial responsibility and helps prevent misunderstandings.

Initials_____

Discounts are offered on some services, if you pay at the time of service. It is your responsibility to ask the front office if the discounts can apply to your charges.

Initials_____

I have been provided with a copy of information regarding the HIPPA Privacy Act. I understand that I am free to ask questions regarding this information.

Initials_____

I understand that CCC will need to use and disclose certain private health care information about me as it relates to my treatment, payment for the treatment and healthcare operations. I may have access to my records if I sign a release of medical record information.

Initials_____

Do we have permission to leave reminder calls and/or test result information on your voicemail should we be unable to reach you ? YES / NO

Initials_____

* Medicare Patients – Your secondary/supplemental insurance will be filed as a courtesy one time. Any balance due will then be transferred to you as CCC is not contracted with these plans *

Patient Signature _____ **Date** _____

Please keep this information for future reference