



Diplomates – The American Board of Allergy & Immunology

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Financial Policy

All patients must complete our “Patient Information” Form before seeing the Physician/Physician Assistant.

Thank you for choosing Colorado Allergy and Asthma Centers, P.C., as your health care provider. Our charges reflect what is usual and customary. You are responsible for payment regardless of any insurance company’s arbitrary determination of usual and customary rates. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

- Co-payments are due at time of service before service is rendered
- There is a \$35.00 fee for returned checks
- We accept cash, checks, MasterCard/Visa/American Express/Discover. When you provide CAAC a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account. When we use this information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.
- There may be a late cancellation fee of \$35.00 for appointments missed or not cancelled before 24 hrs

Regarding Insurance

We will bill your insurance as a courtesy, if within the United States. Current insurance information is required for billing. You (patient or responsible party) are responsible for any co-payments, co-insurances, deductibles, plus any balance due on non-covered services from your plan. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please be aware that some, and perhaps all, of your services provided may be non-covered by your medical insurance, in which case you will be responsible for the charges for those services.

- For insurance plans where Colorado Allergy and Asthma Centers, P.C. Physicians are participating providers and which require a co-payment, all co-payments are due before services rendered. In the event that your insurance coverage changes to a plan for which we are not participating providers, refer to the above paragraph; you will be responsible for the charges for those services.

Minor Patients

- The adult (parent, guardian) accompanying a minor is responsible for the co-payment before services are rendered. (A divorce decree does not determine which party Colorado Allergy and Asthma Centers, P.C. will bill for medical services. Divorce decrees are only binding upon the two parties who made the agreement.)
- The parent accompanying the child (ren) on the first appointment will be considered the guarantor (responsible party) on the patient’s account. The guarantor is responsible for co-payments before the services are rendered.

Payments

- Financial Information may be provided to Guarantor, Subscriber, or the party paying the bill.
- The guarantor (responsible party) is responsible for co-payments before the services are rendered.
- Past due accounts greater than 90 days are subject to third party action.

You may call our Patient Finance office at 720-858-7550, with any questions or concerns.

I have read the policies above and understand and agree to this Financial Policy.

_____ Signature of Patient or Responsible party	_____ Date	_____ Witness	_____ Date
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Brighton
1929 E Egbert St
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Brighton, CO 80601
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Fax: (303) 654-0955

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80525
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