Sports Medicine and Performance Center

UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

A PARTNERSHIP WITH BOULDER COMMUNITY HEALTH

Name:
DOB:

Please read and sign, indicating your understanding of the following information. If you have questions please do not hesitate to ask. It is important that you understand these specific policies of the Boulder Community Hospital Physicians' Clinics and that you understand how your insurance company will handle your claims.

Initial:

_____ **It is your responsibility to provide CU Sports Medicine and Performance Center (CUSMPC) 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 will be responsible for the incurred charges.

_____ **It is your responsibility to verify your coverage and adhere to the restrictions of your plan.** CUSMPC participate with most major medical insurance companies. However, Insurance companies frequently specify the time frame in which patients can be seen and the coverage widely varies group to payor. If appointments are made that are not covered by your insurance plan, you will be responsible for payment.

_____**We do not always know if you have a deductible, if your deductible has been met, or if you have co-insurance.** It is your responsibility to know this information. You are responsible for all charges that are not paid by your insurance company, including those applied to your deductible or co-insurance.

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

_____ **Discounts are offered on some medical services, but ONLY if you pay at the time of service.** If you have no insurance, or if you are receiving services that are not covered by your insurance plan, you may be eligible for a discount on some medical services. Payment must be made at the time of service for the discount to apply. The front office staff can let you know if the services you are receiving qualify for the discount. It is your responsibility to ask the front office for the discount.

_____ **If you have a co-pay, you are expected to pay this when you check in for your visits.** Most insurance companies assign a co-payment to the patient and it is our responsibility to collect this at the time of service. We take checks, cash, and credit cards. Be prepared to pay your co-pay when you check in for each visit.

_____ You will be charged a $75 fee if you fail to show up for your appointment or if you cancel your appointment with less than 24 hours' notice. Exceptions may be made for inclement weather. The correct number to call when canceling an appointment is 303-315-9900. You will be billed for appointments for which you did not provide sufficient notice or that you failed to attend.

_____ **If you are more than 10 minutes late for your appointment, the medical provider reserves the right to reschedule your appointment. And if you miss two appointments (no show or cancel without 24 hours' notice) you will be removed from the schedule.**

_____**Supply Return Policy**: Unopened, unused supplies may be returned within 30 days for a full refund. No returns will be accepted beyond 30 days. Used supplies may NOT be returned. Defective supplies may need to be returned to the manufacturer- contact us about defective merchandise.

I understand that CUSMPC will need to use and disclose certain medical information about me as it relates to my treatment, payment for treatment and healthcare operations. The hospital has provided me with a Notice that describes how my medical information may be used and disclosed and how I can access this information.

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Signature of Patient or Legal Guardian Date