

Colorado Cardiovascular Surgical Associates, P.C.

Patient Financial Policy

Ultimately it is the patient's responsibility for payment of services rendered by the providers at CCVSA. It is the policy of our physicians to bill all services provided on behalf of our patients to their respective insurance companies. Therefore, it is necessary to have adequate information and/ or photocopies of the insurance cards at the time of service.

Financial requirements include:

1. Co-pays are collected at the time of service.
2. Any deductibles or co-insurance will be collected prior to elective surgery.
3. If the patient does not have secondary insurance to Medicare, the 20% allowable will be collected at the time of service.
4. If the patient does not have insurance coverage, payment is expected prior to elective surgery or within thirty days after emergency surgery.
5. We may offer payment arrangements based on individual needs.
6. If the patient sees an out of network physician, the patient will be responsible for a higher deductible and co-insurance. This needs to be collected at the time of service.
7. Forms of payment that CCVSA accept are: cash, money orders, MasterCard, Visa and hard checks.

You may contact our billing office at 303-733-1178 ext. 315.

I have read and understand my responsibility to the above financial policy.

Patient signature

Date

Printed Name