



Thank you for choosing us for your health care. Our endoscopy centers and gastroenterology offices are privately owned by the physicians of Rocky Mountain Gastroenterology. The information below outlines our financial policies with regard to payment for services provided to you by our company. If you have any questions about these policies, please contact our Business Office at 303-205-1090 option 2.

FOR PATIENTS THAT DO NOT HAVE INSURANCE, payment in full is expected at the time of service unless the patient contacts our Business Office prior to a visit and/or procedure to set up a payment plan.

Office Visits: Fees for Office Visits vary in price depending on what the patient is being seen for and the complexity of the treatment involved. You will be given an exact price once you have seen the physician. A 25% discount will be granted if the visit is paid in full at the time of service. Discounts are not applied to payment plans.

Procedures at Rocky Mountain Gastroenterology Endoscopy Centers involve separate and distinct services. A 35% discount for RMG services will be granted if payment is made in full at the time of service. Discounts are not applied to payment plans. No additional discount is given for anesthesia services.

Services Billed by RMG/RMEC Business
Office (303) 205-1090, option 2

- Rocky Mountain Endoscopy Center facility fee
- Rocky Mountain Gastroenterology Physician fee
- Lab/Pathology fee

Services Billed by Central Colorado Anesthesia Associates LLC (CCAA):
1-888-337-3509

- Anesthesia CRNA Assistant
- Anesthesia Medication

If biopsies are taken during a procedure, there will be additional fees incurred. These fees cannot be quoted in advance because they are based on the number of biopsies and method in which they are taken. Any additional fees will be billed AFTER the procedure is completed. If the original procedure was paid in full at the time of service, then the 35% discount will be applied to the additional services. If necessary, payment arrangements can be made for the additional balance due. If payment in full is NOT made at the time of service, NO discount will be applied to the additional services. Please contact the business office with any questions.

CANCELLATIONS AND MISSED APPOINTMENTS - REQUIRE 48 HOUR NOTICE

As a courtesy to other patients requiring services, we require that you provide notice of cancellation 48 business hours in advance of your appointment. **Patients who do not provide 48 business hours notice may be charged a fee of \$200.00.**

YOU ARE ENTERING INTO A FINANCIAL CONTRACT BETWEEN YOURSELF AND OUR COMPANY

The following statements apply to this financial agreement:

- I understand that responsibility for payment of medical services in this office/center for myself and my dependents is mine. Co-pays and deductibles are due and payable at the time services are rendered unless financial arrangements have been made in advance with our business office.
- I also understand that any co-insurance and/or deductible incurred, after my insurance company processes claims for services provided, is expected within 30 days of the first statement date.
- If my account is not paid in full within 30 days of my first statement, collection proceedings will begin. Should my account be turned over to a collection agency, I understand that I am responsible for all costs of collections including attorney fees, collection fees (25% of balance due) and court costs.
- I also understand that any unpaid balance turned to the collection agency will be assessed interest at the rate of 18.00% (1.5% monthly).

Signature of Patient or Responsible Party

Date

Methods of Payment: We accept cash, checks, money orders, debit cards, Visa, MasterCard, American Express and Discover Cards.