

FINANCIAL POLICY

Please read the following financial policy. Ask us any questions you may have, then sign and print your name at the bottom of the page. Include today's date.

CO-PAYS

All copayments are due at the time of check in. We accept cash, check or credit cards.

INSURANCE CLAIMS

If you have presented us with insurance information that has an address within the United States and is not out of state Medicaid, we will submit the claim on your behalf. You will be responsible for any further communication with your insurance company and for any outstanding balance after the insurance company has processed the claim.

It is your responsibility to know your insurance plan. If you are unsure if TMC is contracted with your insurance company, call them to verify your coverage.

SELF-PAY

Self-pay accounts are patients without insurance, out of the country insurance plans or patients that are not able to present eligible insurance. Payment will be expected within 60 days. If payment in full cannot be made, the AR Specialist will discuss payment options with you. Call her at 970-728-3848 ext 190.

NON PAYMENT

If your account is over 90 days past due and you have not contacted us to set up payment arrangements, your account will be referred to a collection agency. Should the account be referred to an attorney or collection agency for collection, you shall pay actual attorney's fees and collection expenses.

ASSIGNMENT OF INSURANCE BENEFITS

I hereby authorize any third party responsible for any portion of the patient's covered medical services to make payment directly to TMC and/or Western Colorado Radiologic Associates and/or Lab Corp.

I acknowledge that this assignment of benefits is irrevocable and assigns to the medical providers all rights under my insurance policies. I further understand that I am financially responsible to TMC and/or WCRA and/or LAB Corp for charges not covered by any insurance or third party payor.

CONSENT TO WIRELESS TELEPHONE CALLS

By signing below, I consent to be contacted by regular mail, text, by email or by telephone (including a cell phone number) regarding any matter related to the referenced account by the creditor, its successors or assigns. This consent includes any updated or additional contact information that I may provide and includes contact that employs auto dialer or unattended dialer technology and/or prerecorded messages.

MOTOR VEHICLE ACCIDENT AND WORKMAN'S COMPENSATION

We will bill to your motor vehicle insurance company or Worker's Compensation Company. If the claim is denied, you will be responsible for payment in full.

Signature of Patient or Responsible Party

Today's Date