



ALPINE ORTHOPAEDICS & SPORTS MEDICINE, P.C.  
112 WEST SPENCER AVENUE  
GUNNISON, CO 81230  
970.641.6788/ 970.641.0282

**PLEASE READ**  
**YOU WILL BE ASKED TO SIGN ELECTRONICALLY THAT**  
**YOU HAVE READ THE STATEMENTS BELOW**

**FINANCIAL POLICY**

**INSURANCE:** We are more than willing to bill your insurance company for you. As a matter of fact, with the CPT and ICD-9 coding required by insurance companies, it is easier for both of us and faster if we perform this service for you. If we **are** contracted with your insurance company we wait 45 days for insurance company payment. Upon receipt of insurance payment, or at 45 days, the patient or responsible party will be billed for the balance. If there is an overpayment, refund will be made to the patient or responsible party. Alpine Orthopaedics charges \$20.00 for all checks returned to them as non-sufficient funds. You are also financially responsible for all collection fees up to 30% of my charges required to secure this obligation.

If we **are not** contracted with your insurance company, payment is expected at the time services are rendered. In order for you to be reimbursed, we will file a claim for you with your insurance company and have the payment sent directly to you. If your insurance company sends payment to us, a refund will be made to the patient or responsible party.

**PAST DUE ACCOUNTS:** The patient or responsible party is responsible for contacting the insurance company if payment is not received within 45 days.

We do accept monthly payments but require that the payments be 10% of the total bill per month so as not to carry the account over one (1) year. If we do not receive a payment from you for two consecutive billings, we will turn your account over to a collection agency.

**IMPORTANT**

Before you schedule your surgery, MRI, bone scan, epidural steroid injections or braces (soft goods) **YOU** need to check with your insurance company or workers compensation carrier. We are willing to pre-authorize this with your insurance company, but we encourage you to find out what your benefits are.

**YOU** will be responsible for any costs that your insurance does not pay. Many insurance companies will not pay for any part of the procedure/ goods if they are not pre-authorized beforehand.

**ACKNOWLEDGEMENT OF PRIVACY**  
**POLICY**

I acknowledge and agree that I have access to upon request a copy of ALPINE ORTHOPAEDIC & SPORTS MEDICINE, P.C.'s Notice of Privacy Practices.