



(307) 682-7555
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Gillette, WY, 82718
highplains@vcn.com

FINANCIAL POLICY

1. SCHEDULING will require a 20% down payment of the full surgery charge prior to the scheduled surgery date. This secures your appointment.

2. PAYMENT is expected at the time of your visit. We will accept cash, check, or credit card. Payment will include any unmet deductible, co-insurance, co-payment amount, or non-covered charges from your insurance company. If you do not carry insurance, or if your coverage is currently under a pre-existing condition clause, payment in full is expected at the time of your visit. We do ask for a copy of an ID card or license due to the many cases of identity theft in the news lately (Please don't be offended).

3. INSURANCE We are participating providers with several insurance plans. We will file all of these insurance claims in our office. A list of these insurance plans is available upon request. Please keep in mind that insurance is a contract between the patient and the insurance company and ultimately the patient is responsible for payment in full. If your insurance company does not pay the practice within a reasonable period of time, you will be billed. If we later receive payment for your insurer, we will refund any overpayment to you.

If our doctors are not listed in your plan's network, you may be responsible for partial or full payment. If you are insured by a plan with which we have no prior arrangement, we will prepare and send the claim in for you on an unassigned basis. This means the insurer may send the payment directly to you and therefore, our charges for you are due at the time of service. Due to the many different insurance products out there, our staff can not guarantee your eligibility and coverage. Be sure to check with your insurer's member benefits department about services and physicians before your appointment. Many web sites have erroneous information and are not a guarantee of coverage. You are responsible for obtaining a properly dated referral if required by your insurer and responsible for payment if your claim rejects for the lack of one.

Not all insurance plans cover all services. In the event your insurance plan determines a service to be "not covered", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office. All procedures billed in this office are considered covered unless limited by your specific insurance policy.

Patients who insist on "day of" urgent/emergent scheduling or care after hours or on days the clinic is closed will be assessed an additional urgent care or after hours fee. These fees will be billed to your insurance carrier or collected as part of the office charges for self pay patients.

4. ACCOUNTING PRINCIPALS Payment and credits are applied to the oldest charges first, except for insurance payments which are applied to the corresponding dates of service.

5. BILLING OFFICE If you have questions in regard to any of your billing statements, our accounts receivable staff at High Plains Surgical Associates is available to assist you. Call (307) 682-7555.

6. CANCELLATIONS OR MISSED APPOINTMENTS If you do not cancel your appointment before the scheduled time, or if you no-show, we will assess you a \$25 missed appointment fee.

7. RESPONSIBILITY FOR PAYMENT I understand that I, personally, am financially responsible to High Plains Surgical Associates for charges not covered by the assignment of insurance benefits.

8. RELEASE OF INFORMATION I hereby authorize and direct High Plains Surgical Associates to release to governmental agencies, insurance carriers, or others who are financially liable for such professional and medical care, all information needed to substantiate claim and payment.

SIGNATURE _____

DATE _____

PRINTED NAME _____