

DENVER SPORTS MEDICINE AND SPINE, LLC

YANI C. ZINIS, DO

Financial Policy

Our commitment: To provide the very best care to our patients while recognizing the need to limit services to only those that are necessary for each patient. To meet this commitment, we recognize the need for a definite understanding and agreement concerning our patient's health care and financial arrangements. Your clear understanding of our financial policies is important for our professional relationship. Please contact our billing office at 720-536-8473 regarding any questions about fees, financial policies, or your insurance coverage.

Professional fees: Our fees for medical services are comparable to other similarly trained physicians in the community and reflect the complexity of your specific needs. The physician time dedicated to your care, the specialized nature of the doctor's training, education and supplies determines the cost associated with providing and coordinating your care.

Patient Payments/Balances: Co-payment, deductibles, services not covered by your insurance plan or outstanding balances are all due at the time of your appointment. **ALL ACCOUNT BALANCES MUST BE PAID WITHIN 90 DAYS OF RECEIVING YOUR FIRST STATEMENT. PAYMENTS ON ACCOUNT MUST EQUAL NO LESS THAN 1/3 OF THE TOTAL AMOUNT DUE.** Payments may be made via: Cash, Visa, MasterCard, Discover, and American Express.

After 120 days your account may be turned over to a collection agency.

Insurance Payments: We participate with most of the insurance plans in the area. When the correct insurance information is provided, we will submit your claims as a courtesy to you, our patient. **Your insurance coverage is a contract between you and your insurance plan. You are responsible for unpaid balances left on your account.**

Medical Records: We offer patients free electronic records. You will be subjected to a fee for printed records. We will fax all records for free to any physician's office or facility as courtesy to our patients.

Self-Pay: Patients who are not billing a third party or health insurance have to pay in full at the time of service and will receive a **discount** from for all services at Denver Sports Medicine and Spine.

Your signature on this page constitutes an agreement to this policy. I have read and agree to the above policies and authorize payment directly to Denver Sports Medicine and Spine.

Signature of Participant or Personal Representative

Printed Name of Participant or Personal Representative

Date