



Assignment of Benefits

I authorize the release of any medical or other information necessary to process my insurance claims. I authorize Boulder Peak Family Practice (BFPF) and its medical providers to apply for benefits on my behalf for services rendered by their order. I request that payment from my insurance company be made directly to BFPF and its providers. I permit a copy of this authorization to have the full authority of the original copy.

Signature

Date

Insurance Waiver

In order to collect insurance benefits on behalf of any patient, we must have your insurance card, and all corresponding insurance information, at each visit to the office. By signing this statement, you agree to provide BFPF with the information necessary to file your claim in an accurate and timely manner. You understand that you are responsible for payment, in full, of the outstanding balance, at the time of service if there is a failure to provide the entire information and card on the day of your visit to the office.

Signature

Date

Notice of Privacy Practices

Boulder Peak Family Practice fully respects your privacy and vows to protect your private health information (PHI) and will not share your PHI with any source outside of the office, except at your written direction, which will be kept on file if needed. Medical diagnosis codes and procedure codes will be shared with your insurance provider, and if they request the physicians chart notes to determine eligibility for insurance benefits, that will be provided to the insurance company. I consent to have BFPF use my PHI for the purposes intended, to obtain insurance benefits, and understand the privacy practices of BFPF.

Signature

Date

Cancellation Policy

If unable to keep a scheduled appointment, it is the patient's responsibility to inform the office 4 hours prior to the appointment. Patients must cancel during regular business hours. The patient will be charged \$35 for any visit not cancelled as noted above.

Signature

Date

Payment Policy

Co pays are due at the time of service. After your insurance claim has been processed, any balance, deductible and or coinsurance will be billed to the patient and will be due in full upon receipt. If payment in full cannot be made due to financial hardship, please contact our billing department immediately to set up a payment plan. Patients are responsible for verification of insurance benefits.

Signature

Date