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RMCAM, PC FINANCIAL POLICY

Thank you for choosing Rocky Mountain Center for Advanced Medicine, PC as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment and our staff will work very hard to make sure your paperwork is filed accurately and promptly. The following is a statement of our **FINANCIAL POLICY**, which we require you to read and sign prior to any treatment. **All patients must complete our information before consulting with the physician.**

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. **We are a cash based practice and do not take insurance.** We will be happy to provide you with a superbill which in turn you can use for tax purposes, or to turn to your insurance for possible collection according to your plan.

MISSED APPOINTMENTS AND TARDINESS

We confirm all appointments one business day prior to the appointment. Please notify our office at least 24 hours in advance of any appointments that need to be cancelled or rescheduled. **If it is less than 24 hours, this is considered a no show and there will be a charge of \$150.00.** We do realize that emergencies do happen and we are happy to work with you. We would also appreciate you being on time for each appointment. **If you are going to be more than 15 minutes late, please call to see if you will need to reschedule.** Please help us serve you better by keeping your scheduled appointments.

Thank you for understanding and following our *Financial Policy*. Please let us know if you have any questions or concerns. I have read the *Financial Policy* and understand and agree to this *Financial Policy*:

_____ Date _____