



## **Broomfield Family Practice Office Policies and Procedures**

### **Office Hours:**

Our office is open Monday-Friday from 8:00 a.m. to 5:00 p.m. and Saturday 9:00 a.m. to 1:00 p.m., excluding major holidays. We are closed from lunch from 1:00 p.m. to 2:00 p.m.

### **Appointments:**

To schedule an appointment, please call our office or stop at the reception desk after your office visit. All of our physicians and physician assistants work together as a team, but we encourage our patients to choose a primary provider for your regular medical care. Advance scheduling with your chosen provider will help us provide the continuity of care and personal relationships that we believe will result in the best care and highest satisfaction for you. While some questions and problems may be handled easily by telephone or email through our secure web portal, you may be asked to be seen by a provider for many medical issues and for management of chronic medical conditions. Ask our staff how you can register for email communications. Our staff will need to ask about the nature of your visit in order to schedule an appropriate amount of time with the provider.

We recognize that everyone's time is valuable and we make every effort to see our patients as close the appointed time as possible. If you arrive more than 10 minutes late, you may be asked to reschedule. If you are unable to keep your appointment, we ask that you cancel at least 24 hours in advance so that someone else can be seen at that time. All late cancellations for appointments may be charged a fee of \$50.00 to \$100.00. All no show's for appointments will be charged \$50-\$100.

### **Emergencies and After Hours Call:**

If you are having a life threatening or death emergency, call 911. When the office is closed, telephone calls will be relayed to our on-call physician, who will return your call to advise you regarding your problem. For routine questions and refill requests, please call during normal business hours.

### **Prescription Requests:**

Please contact your pharmacy for any refill requests and they will electronically contact our office for approval. Routine refill requests will normally be completed within 48 business hours after we receive the request from the pharmacy. Refill requests received after 3:00 p.m. and on Fridays will be considered part of Monday's business

### **Financial Policies:**

1. Co-payments are due at the time of service or there will be an \$8.00 fee assessed. If no verifiable insurance can be provided, you will be asked to pay at the time of service for your visit. If you are a new patient without insurance information, you will be asked to pay at time of service or you can reschedule your appointment or if is an emergency, go to the emergency room. If you have a high deductible health plan you will be asked to pay the contractual rate for an office visit at the time of service, until your deductible is met- any additional fees will be billed to you.

2. All visits or services that are applied to a deductible, co-insurance, or those that are not covered benefits are the financial responsibility of the patient and must be paid upon receipt of your account statement. If your account reaches 45 days past due, a finance fee of 1.5% will be added to the balance each month it goes unpaid. If you disagree with or have questions regarding your monthly statement, please contact our billing office at 720-508-3120. All accounts that are 120 days past due will be sent to an outside collections agency. If BFP is forced to proceed in this manner, you will be **TERMINATED** from the practice and additional fees may apply from the collection agency.
3. It is the patient's responsibility to know his/her own insurance coverage. If you disagree with your insurance company's decision, please contact them regarding any questions you may have. We do not verify benefits in our office for any upcoming visits you may have.
4. If there are any legal agreements between divorced or separated parents, please make us aware immediately. Court Ordered Documentation will need to be provided to be scanned into your child's records for your protection and ours.
5. If a patient requires a referral to see a healthcare provider outside our office, we request notice of at least 72 business hours in advance of the appointment to obtain the insurance company's authorization. Failure to obtain the referral before the visit may result in refusal by your insurance company to pay for the services rendered, which would make the charges the responsibility of the patient.
6. A copy of the patient's **CURRENT** insurance card and Identification Card will need to be provided at every visit. Failure to provide this may result in a patient responsibility for all claims unpaid or denied by your insurance company.
7. Any child 17 or younger cannot be seen in our office without a parent, guardian or a legal adult with consent letter for treatment by a parent/guardian. They should also make sure they have insurance card and co-payment ready at the time of service if coming with legal adult other than parent/guardian.
8. Any personal check that is returned to our office for insufficient funds will have a \$35.00 service charge added and all subsequent visits will need to be paid with cash or credit card.
9. We will happily transfer your records to another physician at no cost. If they are to be copied to others, a fee may apply as follows: payment of \$18.50 for the first 10 pages, .50 cents for the next 11-40 pages and .33 cents for each page over 40. Requests for copies of records will generally request at least 2 weeks for processing, except for emergencies.
10. All forms such as FMLA and disability that a physician needs to fill out will either require an appointment or will be assessed a \$25 fee that must be paid prior to the physician filling them out.

I have read and understand the above policies.

Patient printed name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent/Guardian printed name \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Revised 1-2-19