



Prosthetic Illusions  
aka Rocky Mountain Anaplastology, Inc.  
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### Financial Policy

*Because insurance companies make it increasingly difficult to bill fairly and timely, we have developed the following guidelines to aid our patients in the process, and hopefully, reduce overall costs. We do maintain contracts with as many insurance companies as we can. For the most current list, please contact our office.*

#### Please mark all options which may apply to your situation:

\_\_\_\_\_ Payment in full:

\_\_\_\_\_ Medicare coverage: This office is enrolled with Medicare and we will bill Medicare as well as your secondary insurance directly for any services provided. However, we are not contracted (or participating) with Medicare. Medicare only covers a portion of what is charged by our office and not what is the current market value for our services. Due to this, you may be responsible for the amount not covered by Medicare and/ or your secondary insurance. We will do everything possible to confirm the amount that will be your responsibility before performing services. We realize this may be a hardship for some. If so, please discuss this with our staff as we do offer discounts for paying the balance in full or no interest payment plans (see Payment Plan below) if you need more time in which to pay the balance.

\_\_\_\_\_ Medicaid coverage: This office is currently contracted with the following state agencies: Colorado, Kansas, Nebraska, New Mexico, Wyoming and South Dakota.

\_\_\_\_\_ Insurance coverage: If you have insurance, we will work to obtain any pre-authorizations, as well as try to qualify for the maximum benefits allowed by your plan. Your coinsurance and deductible amounts are *pre-determined by the plan you have chosen*, and are expected to be paid at the time services are rendered. We will do our best to collect the maximum amount allowed from your insurance and *we will provide an estimate of your additional expected responsibility* before your first appointment.

**Note: In the case where the insurance company pays less the original estimate, the patient/guardian is responsible for the balance of the bill. In addition, if a claim with your insurance company has not been paid or resolved within 45 days you will be invoiced for the remaining balance which will be due upon receipt. For financing options please contact our office (see below – CareCredit). If a remaining balance occurs and it is not paid in full within a timely fashion, interest charges may be accrued and /or the bill may be sent to a collection agency.**

\_\_\_\_\_ Payment plan: We have financing available through CareCredit. This is a service that, *if you qualify*, will provide you with a very affordable payment plan option.

**I, the undersigned, understand the policies listed above and agree to abide by them.**

\_\_\_\_\_ printed name of patient/guardian

\_\_\_\_\_ signature of patient/guardian

\_\_\_\_\_ date

***Thank you for choosing this office as part of your team of providers! We will do our best to try to improve your quality of life.***