Surgical Specialists OF COLORADO

SURGERY
DEDUCTIBLE
AND CO-INSURANCE DEPOSIT POLICY

Dear Patient:

As a patient, we care about you and want to assist you in understanding the Financial Policies of SSOC. The best action you take as a patient is to ensure that our information regarding you is accurate and complete.

Our staff will verify your health insurance benefits with your insurance plan. This also means we will obtain pre-certifications for authorizations, if necessary, as well as information on your deductibles, co-insurances and co-payments. You are responsible for obtaining a referral from your Primary Care Provider (PCP), if required.

When you arrive in our office for your initial consultation, you will be asked to pay your co-pay. Most health insurance plans require that separate co-pays be collected at the time of each clinic visit. If you have any open balances, you may also be asked to pay them prior to further treatment.

If your care requires surgery or additional testing, you will receive communication from our Business Office, other providers, surgery centers or hospitals to provide a deposit for any possible deductible or co-insurance based on your individual health insurance policy.

Once our office contacts your insurance company, and based on your individual benefit plan, one of the members of our Business Office will contact you to set up a financial plan to take care of your deductible or co-insurance.

If you have not yet met your deductible or you have a co-insurance, you will be asked to provide a deposit on your account. That deposit must be made 3 business days prior to the date when surgery is scheduled. If you are unable to provide the full deposit, you may be given the option to reschedule your care to another date in the near future.

Refund for Deposits:

If the amount of your deposit exceeds the actual amount you owe (after all charges and payments have been applied to your account) you may be eligible for a refund. Your patience is appreciated while all charges are compiled and your account is researched to determine if any refund is due. Please allow sufficient time for processing and mailing of your refund check.

If you have any questions or would like to speak to one of our Business Office Representatives or Management, while you are here please let us know. We are happy to do so.

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Patient Signature Date