



phone: 720.898.1110 | fax: 720.898.1113
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To the patients of Sports and Family Medicine of Colorado

Appointment Scheduling

In order to improve our quality of service, we are looking at ways of reducing waiting time for your appointment.

There are frequently unforeseen complications in medicine that preclude any permanent solution. There are some simple steps that you can take that will help reduce the wait time for all patients.

When you are scheduling appointments, please notify the scheduling staff of all medical issues you would like to discuss. To adequately address these issues, we must allow the right amount of time. This helps us stick to our schedule and see all of our patients in a timely fashion. We may need to schedule more than one office visit for multiple problems. Please notify the office at least *24 hours in advance* if you will need to cancel or reschedule your appointment, for any reason. That way, patients with an unforeseen illness or injury can be seen as soon as possible. Patients that have scheduled an appointment and do not notify the office in advance that they will need to cancel will be assessed a **\$25.00 "no show" fee**.

Please bring a list of all your medications to each visit. This list should include the name of the medication, dose and frequency and should be presented at the beginning of your visit. Better yet, place all your pill bottles in one bag and just bring the bag.

Having additional family members seen during your scheduled visit is generally not possible. Trying to accommodate this request increases the wait time for other scheduled patients.

Financial

You will be asked to provide your insurance card at each visit. Patients are responsible for knowing the benefits of their insurance policies. If you have questions, please call the member services number listed on your card prior to your appointment. You will also be asked on each visit to verify that your address, phone numbers and insurance information is unchanged from your last visit.

Patients without insurance, or who have insurance with a plan that we do not participate with, will be required to pay in full for all charges at the time of service. Please ask about our cash discount. Patients that do not pay their co-pay at the time of their appointment will be assessed a **billing fee of \$15.00**.

If you are covered by an insurance plan that we do participate with, we will bill your insurance as a courtesy to you. Regardless of insurance coverage, you are responsible for all charges incurred during your office visit. Our billing cycle is monthly. Balance is due upon receipt and no later than 90 days. Account balances past 120 days will go to collections and lead to patient dismissal. Please understand that a **monthly billing fee of \$15.00** will be assessed on any unpaid balance.

If lab work is done during your visit, you will receive a separate bill from the laboratory that handles that work. Any billing questions regarding lab bills will need to be dealt with directly with the lab. We have nothing to do with their billing.

Thank you for your assistance. By following these guidelines you will be helping us improve the quality of care our patients receive.

Signature: _____ have read and agree to abide by the preceding policies, terms and conditions of Sports and Family Medicine of Colorado.