

Front Range Otolaryngology & Facial Plastic Surgery, P.C.
Kevin Cavanaugh, M.D.
1325 Dry Creek Drive, Suite 103, Longmont, CO 80503
Phone: 720-494-9111 / Fax: 720-494-9555

Thank you for making an appointment with Dr. Cavanaugh,

We look forward to meeting you, and are committed to providing you with our best medical care. As a new patient, we ask you to *please arrive on time*, to your appointment so we can accurately process your new patient paperwork and insurance information. If you are late or do not have the new patient paperwork completed, there is the possibility that we may have to reschedule your appointment as to not keep our next scheduled patient waiting. If you or family member cannot make the scheduled appointment time that is reserved for you, a **24-hour notice is required or a \$50.00 fee** will be charged for the missed appointment. We do our best minimize your wait time however, emergencies do occur and take priority. Thank you for understanding.

INSURANCE:

We ask that you bring to your appointment a current Driver's License, and up-to-date, physical copy of your Insurance Card with **patient's name** or **policy holder's name** on the card. We do need to scan it to your account, so no smart phone copies please. Remember to bring the "Specialist" co-payment amount (if there is one) listed on the front of your insurance card. Your copay is due at each office visit. Because we submit your claim as a courtesy to you, it's up to you to keep us updated with any insurance changes, and present us with the updated insurance card or you will be responsible for the balance amount. Your coverage plan is a contract between you and your insurance carrier/employer – please know your plan. Although we are contracted with many insurance companies some group plans do not accept us as a provider. Contact your insurance carrier for any questions.

REFERRALS:

We are a specialty practice. Your insurance plan may require you to have a referral to come to our office. Our practice does not contact your insurance company to find out if one is needed. The referral must come from your referring provider's office, and it is your responsibility to see that we get it prior to your appointment. If a referral is needed, and not provided, the cost of the visit will be applied to the patient.

FINANCIAL:

Your understanding of our financial policy, and prompt payment of services is important to our relationship. Insurance payments are applied to the corresponding date of service, and patient payments are applied to the oldest date of service first. If your insurance plan applies a copay, deductible and/or coinsurance to your balance, this is your responsibility to pay in full for services provided. Your **balance is to be paid in full upon receipt of your 1st mailed billing statement.** If balance cannot be paid in full the first month after date of service, our office must be notified when your 1st statement is received. As a courtesy to you, we will set up a **3-month payment plan** however a **Credit Card must be kept on file** with us in order to provide this service to you. Payment will be withdrawn each month for 3 months, then if additional balances are incurred while in the payment agreement, the withdraw will take place until the balance is paid off. Unfortunately, if your balance is already past due from your date of service, beyond our 3-month service agreement, your payment is to be paid in full!

After your 3rd unpaid billing statement, your account will automatically go to pre-collections. Once in pre-collect a \$17 fee will be added to your balance to take it out of pre-collect when you call to pay our office. No additional statements will be mailed, and outstanding balances will be sent to full collections. If you have been sent to full collections, and you make a follow-up appointment, Cash or CC payment will be due on the day of the visit. We take payment via phone or mail with Credit Card, Check, or Money Order. Please contact billing with any questions.

If you have any questions, please call our office at 720-494-9111.

Thank you,

FRO&FPS, P.C.

Signature: _____

Date: _____