

OFFICE POLICIES

OFFICE HOURS:

Our Office is open Monday through Friday 8AM-4:00PM. (Phone hours are Mon-Friday 8:30AM-12:00PM and 1PM - 3:30PM) We are **Closed** for lunch between 12-1PM.

PARKER LOCATION:

We are NOT IN PARKER ADVENTIST HOSPITAL or the attached buildings. We are located next to Black Eyed Pea in a 2 story building. The name of our building is **Crown Point Healthcare Plaza** which is printed at the top of the building.

CASTLE ROCK LOCATION:

We are NOT IN CASTLE ROCK ADVENTIST HOSPITAL or the attached buildings. We are located in the **Limelight Health Care Center** on Limelight Ave in Suite 250. We are directly across from the Emergency Ambulance Bay in a two-story building.

ENGLEWOOD LOCATION:

We are in the **Dry Creek Medical Campus.** We are on the southeast corner of Dry Creek and Inverness Drive East.

OUR FINANCIAL/INSURANCE POLICY:

It is your responsibility to know your insurance plan and your benefits. We will bill your insurance company as a courtesy if you provide us with all the necessary information. Please understand the agreement of the insurance carrier to pay for medical care is a contract between you and the carrier. There may be limitations and exclusions to coverage. The patient financial responsibility is set by the insurance company.

All co-pays and deductibles are due prior to treatment. If your deductible has not been met at the time of your appointment we will collect a portion.

Our collectable portion for New patient appointments with deductibles is \$250.00

Our collectable portion for EMG/Nerve Conduction Study patients with deductibles varies from \$200 to \$600 depending on how many extremities.

_____ Initial

PRESCRIPTION REFILL POLICY

Please call your pharmacy for medication refills. Prescriptions refills are authorized only during normal business hours, and Fridays from 8:30 a.m. to 12:00 p.m. Prescriptions will **not** be filled after hours or on the weekends or holidays. We require 24-48 hours for prescription refill authorizations. **Please notify your pharmacy at least 5 business days before you are out of your medication.**

_____ Initial

By signing below, I understand and agree to this the Office Policies

Patient or patient representative signature

Date