



P. O. Box 10700 • Grand Junction, CO 81502-5517

Fairmount Health Park • 3150 North 12th Street
(970) 245-1220 • (970) 245-9148 Fax

DATE: _____
ACCT. NO: _____

PAYMENT POLICY

It is the policy of Primary Care Partners, P.C., that payment for medical services is due at the time service is provided. Where participating insurance coverage is involved, we will request co-payments from you at the time of service. If we are not contracted with your insurance company, we will provide you with a copy of the billing form to submit the claim yourself. If we contract with your insurance carrier, we will submit a bill on your behalf.

Insurance settlements are strictly between you and your carrier. Payment is expected at the time of service for any appropriate co-payments.. If you are unable to make payment, arrangements must be made with our Credit Manager.

Accounts over 28 days old, from the date of the first patient statement, will be charged an annual interest rate of 18% on the outstanding balance. Delinquent accounts will be turned over to our collection agency unless other arrangements are made with our collections department prior to that time. Our collection agency charges up to 45% of the unpaid principal balance at the time it is turned to them. That fee will become your responsibility in addition to all monies owed to us. You will be responsible for any charges denied by your insurance carrier.

I have read the above policy regarding payment for services by Primary Care Partners, P. C., and agree to the terms and conditions outlined therein. I further agree, in the event of nonpayment, to bear the cost of collection and/or court costs and reasonable legal fees should this be required.

Signature of Patient or Legal Guardian

Printed Name

Date