

Blue Skies Center for Women
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In order to better serve our patients, we ask that you please have the enclosed two forms completed when you come in for your appointment on: _____

OFFICE POLICIES AND PATIENT AGREEMENT

APPOINTMENTS: We ask that you please arrive **15-20 minutes** before your scheduled appointment to update or complete any necessary paperwork. Should you arrive more than 15 minutes or more late to your appointment, it is our policy to **reschedule the appointment**. We would appreciate at least a 24 hour notice of any appointment that needs to be rescheduled or you will be charged \$50.00.

SELF-PAY: We require the total balance to be paid at the time of the office visit. For any inpatient/outpatient surgical procedure that is scheduled, we must receive payment in full before the procedure is performed.

MEDICAID: Before services can be provided, you **MUST** have an authorization from your primary care doctor and a copy of your **CURRENT** card. The referral or authorization must be for the specific reason that you have made the appointment. If you fail to present either of these, **your appointment will be rescheduled**.

HMO/PPO: Our office is participating with several HMO/PPO insurances as well as with many private insurance carriers. **Co-payments are due at the time of service**. We also require patients to have a current insurance card at the time of service or **your appointment will be rescheduled**. It is your responsibility to make sure that our providers are participants in your network and are contracted with your insurance. If a referral or authorization is required by your insurance carrier, it is your responsibility to obtain the referral or prior authorization **BEFORE** your appointment. **Services not covered or deemed not medically necessary by your plan will be billed to you**. If a referral is not in place, **you will be responsible for payment or you will be rescheduled**.

BILLING: Our office will file all claims to your primary and supplemental insurance as long as you provide all the necessary information and a copy of your card(s). If you do not supply all of the necessary information, **you must pay for the services provided or reschedule your appointment**. If you have insurance, we will allow 60 days for the carrier to process your claim. If they have not responded in that amount of time, you must make payments on your account until you have resolved the problem with your insurance company. A \$25.00 charge will be assessed for returned checks.

COPIES OF RECORDS: Should you require copies of your medical records, you must sign a release form and furnish us with the name and address of the doctor and/or facility where the copies need to be sent. There is a \$15 minimum charge if you are requesting copies for yourself or if we have to retrieve your records from our storage facility. **Please allow two weeks for copies to be available**.

PRENATAL CARE: As of March 1, 2000 our doctors will deliver only at Memorial Hospital Central. If you have insurance you must call to obtain any referral or authorization that is required for prenatal care and delivery. We bill globally and this can effect how often you make a co-payment. Please call your insurance and let them know our billing policy. They will tell you if you owe a one time co-pay or a co-pay *every visit*. We only perform **ONE** ultrasound unless medically necessary; many insurances allow only one ultrasound per pregnancy, so **if there are any additional ultrasounds performed you may be responsible for payment unless your insurance has authorized this additional testing**. If you are paying cash for your prenatal care and delivery, we require that the global OB fee (this includes all prenatal visits, one ultrasound, and the delivery) be paid in full by the 7th month of pregnancy.

FAILURE TO KEEP APPOINTMENT: In accordance with office policies, failure to cancel or reschedule any appointments may result in discontinuance medical care.

Patient Signature _____

Date _____

Witness _____

Date _____

Initial/Date: _____