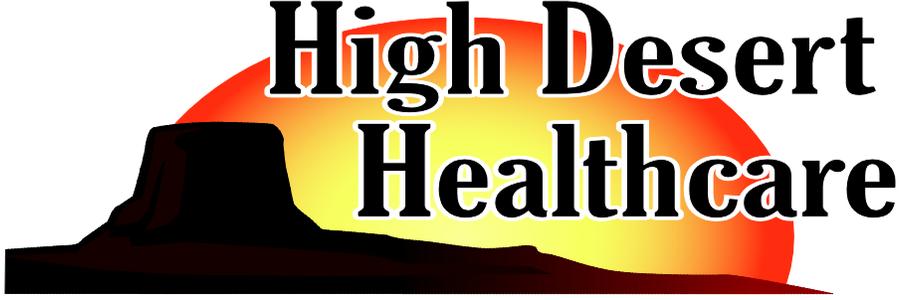


High Desert Healthcare



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June 29, 2013

Financial Policy

We all hate talking about money. For our part, we are doing everything we can to make healthcare affordable for you. Please understand we are a business that happens to offer healthcare services. We have bills, payroll and necessities as well that require money. We wish it weren't true, but it is. We are not here to provide free services.

You can help us by providing correct insurance information each and every time you visit. You will have the opportunity to update that information on your Portal prior to your visit. We are pleased to process your insurance for you, but please understand that we do not have an extensive staff to re-process claims. If your insurance claim is denied, you will be responsible for re-submitting it at our request.

All co-payments identified by us with your insurance are expected to be paid at the time of your visit. That includes any deductibles you have left to pay prior to full payment. Our computer system will usually tell us if you owe co-pays and deductibles. If you are unable to pay at your visit, PLEASE discuss it with us so that we can remain financially solvent, keep our doors open for you and others and you can pay a reasonable amount regularly.

High Desert Healthcare, LLC accepts Cash, Visa, MasterCard, American Express and Discover cards (both debit and credit) as well as personal checks. However, if a personal check is returned by your bank to us there will be a \$50 service charge for ANY returned check in addition to the amount of the check. We reserve the right to increase this fee as needed to cover bank charges and costs of collection.

If you are outstanding on your payments over 60 days you are expected to contact the office to make arrangements for payment. We do recognize that financial difficulties arise therefore we expect you to contact us to discuss payment arrangements. Lack of communication causes hurt feelings and miscommunication and we want to continue to work with you.

If you have insurance, our filing of your claim is a courtesy to you. Bills will be submitted to insurance companies first when possible. It is your responsibility to keep the office informed of any changes to your insurance and any communications from your insurance to you about our claims immediately. Bills will be submitted to insurance companies first when possible. However, after 45 days we may send you a bill for any amounts not yet received by the insurance company. You are expected to make payment on the full amount of the bill when we send a bill to you despite the pending insurance payment status. It is YOUR responsibility to seeing that your insurance company pays in a timely manner. Insurance payment is not a guarantee of full payment of our charges. You may be billed for any payment not paid by your insurance company.

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In regards to divorce or separation: A divorce or separation decree is a legally binding document between two parties. High Desert Healthcare is NOT one of the parties listed in a divorce decree. Both parents of a child in our care are responsible for the payment of the healthcare bills and the primary responsibility will be placed on the parent/guardian who accompanies the child to the office. A patient who presents to the office is the primary responsible party for payment of the bill despite who may be named in a decree to carry insurance or pay the bill.

Broken or canceled appointments make less time available to other patients who could have been seen when they were sick and missed appointments cost us money. If you arrive more than 5 minutes late for your appointment you may be asked to wait until the provider is free or asked to reschedule if there is not a reasonable time in the schedule. We will accommodate you as much as is possible but not to the point where another patient is inconvenienced by your lateness. When possible call 24 hours in advance to cancel your appointment, or at the very least, as soon as you are aware you will not be able to make your appointment. Leave a message if we do not answer the phone. Our answering machine does date and time the call for us.

We do not want to have to institute a no-show charge, but do reserve the right to do so in the future if needed. If we do charge you a no-show fee, you are responsible for full payment of that fee immediately upon receipt of the bill and that is not payable by insurance.

Your signature below indicates that you have read and understand this financial policy and have a copy of it for your records.

I agree to assign insurance benefits to High Desert Healthcare, LLC whenever necessary, unless this agreement is revoked in writing. I also agree that should it ever become necessary to forward my account to collections, employ extra personnel to attempt to collect on my account, or pursue legal recourse to collect on my account I will, in addition to the amount owed, be responsible for any fees charged by a collection agency, any fees for employment of additional personnel or any fees incurred in obtaining legal assistance in collection of monies owed.

Signature of patient or responsible party

Date

Printed name of patient or responsible party

Signature of Witness

Date