
Consent to Treat

I authorize the employees of The Aspen Club Sports Medicine Institute to treat within the scope of their respective licenses.

Billing Policy

I understand the terms of my insurance policy. I understand that it is my responsibility to monitor the costs and limits of coverage of my benefits. I understand that I am liable for all costs incurred due to any or all the following: deductible, co-pay, co-insurance, and *treatment exceeding the limits of my benefits*.

- For In-Network Patients, Co-pays, and coinsurance will be collected at the time of service per our contractual agreement with your insurance company
 - We will enter contractual write-offs and amount paid by your insurance company into our system and will bill you for the remaining portion.
 - We will send you a billing statement to the mailing address you provide on the next page.
 - If payment is not made, we will attempt to call the number provided.
 - Balances outstanding after 6 months of attempted contact will be turned over to a collections agency.
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Cancellation Policy

Please call us at 970-925-8940 at least 24 hours prior to your scheduled appointment to notify us of any changes or cancellations. To cancel a Monday appointment, please call our office by 5:00 p.m. on Friday. If prior notification is not given, you will be charged a \$100 (Physical Therapy) or \$95 (Chiropractic) "No Show" fee for the missed appointment.

Privacy Notice

I have reviewed and was offered a copy of the Aspen Club Sports Medicine Institute's Notice of Privacy Practices. I understand that I may contact the privacy officer (Amber Davenport, 970.925.8940) with any questions.

How did you hear MD referral Friend/Family Radio Club Member
about us? Club Employee Previous Patient Internet Newspaper

Printed Name _____	Signature _____
Date _____	DOB _____