**WESTERN VALLEY FAMILY PRACTICE, P.C.**

**REDLANDS AFTER HOURS**

www.westernvalleyfp.com

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**Kurtis M. Holmes D.O. Thomas S. Motz D.O. Michael R. Hughes M.D.**

**Mynette Foley M.D. Korrey Klein M.D. Vanessa McClellan D.O.**

**Sandra Christenson P.A. Cathie Hren P.A. Diabetic Educator James Haraway F.N.P**

**Effective Jan 1, 2017, Western Valley Family Practice will be enforcing the following policies:**

**Patient Financial Responsibility Agreement**

**No Show/Cancellation:**

We, at Western Valley Family Practice, encourage our patients to arrive and receive care at their scheduled arrival time or to give appropriate notice of cancellation to allow other patients to receive care.

If you are unable to make your scheduled arrival time, we request that you notify us as soon as possible, but no later than 24 hours prior to your scheduled arrival time.

By either not providing 24 hour notice or arriving late, you may be assessed a **$40.00** fee for a missed office visit or procedure. If three (3) or more appointments are missed, Western Valley Family Practice reserves the right to terminate our relationship with you.

It is not our intent to assess an additional financial burden; however, it is costly if you miss your appointment and do not give us time to schedule another patient in your time slot. The Western Slope has a shortage of providers so it is important for us to be able to care for all patients.

**Insurance:**

We participate in most insurance plans. If you are insured by a plan we do business with but do not have a current insurance card you will be required to pay in full at the time of your visit. Knowing your insurance benefits and bringing your card to your appointment is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

**Co-payments/Deductibles/Coinsurance:**

All payments must be paid at the time of service. This arrangement is part of your contract with your insurance company as well as our agreement with them. Failure to provide payment can result in your appointment being rescheduled. If you do not have insurance or are receiving care for a non-covered service it is our policy to collect at the time of service. Failure to do so, may also result in you having to reschedule your appointment.

Thank you for your cooperation as we enforce our policies.

Patient name (Please print) Date of Birth

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Patient/Guardian Signature Date

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