

Endocrinology Specialists of Colorado, LLC

950 E. Harvard Avenue, Ste 660

Denver, CO 80210

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The following is a statement of our Office Policy. **We require you to read, agree to, and sign prior to any non-emergent treatment. By signing this document you are giving Dr. Albright & Loughner permission to treat you.**

Dr.'s Albright & Loughner strive to provide you with the best medical care possible. In doing so, we will assist you in filing medical insurance claims in order to receive maximum benefits for you as allowed by your health insurance carrier. **Therefore, it is your responsibility to provide us with complete and accurate insurance information at the time of every visit.** If you do not have medical insurance, our staff will provide you with information regarding different payment options for our services provided.

All patients are required to complete our **Patient Information Form** before seeing the doctor. We require that all patients update Patient Information Form **every six months** so we can bill your insurance company with accurate information. It is necessary for us to have your complete **date of birth** and **social security number** in order to obtain your medical and lab information.


All doctors require an updated copy of your insurance cards and picture identification in your chart at all times. Therefore, we require all patients to provide their **current insurance cards and picture ID at every visit for verification.** If you have changed insurance companies **you must provide the updated insurance information so we can keep your records updated in order to file claims correctly.**

Co-payments must be made at time of service. No post-dated checks will be accepted. For all returned checks, there will be a \$50.00 returned check fee plus bank charges. Please note: **co-payments are a contractual agreement between you and your insurance company.**

Please notify us immediately of address and telephone number changes. We cannot notify you of important medical or financial information related to your visit without the correct address and telephone numbers.

Prescriptions/Refills:

If you need a medication refill, ask your doctor for a prescription at your regular appointment. When you provide local/mail-order pharmacy information we will do our best to send your prescriptions to the pharmacy requested. **Please be clear which medications go to which pharmacy.** If for some reason you need refills in-between appointments, **call your pharmacy.** They will contact us. Your appointment must be current. **Please allow five (5) business days for refill requests.** All refill requests are addressed. We will call you if we have questions about your prescriptions. **Please be aware THE ON CALL DOCTOR CANNOT PROVIDE PRESCRIPTIONS OR REFILLS.**

OVER 

Insurance Responsibility:

Please be aware, we may provide services for you that your insurance contract denies as “non-covered services.” If you do not understand which services are and are not covered, it is your responsibility to contact your insurance carrier to find out. If you have questions regarding your policy, please contact your insurance company or employer. **Please determine the extent of coverage and potential for personal liability before we provide services to you.**

Late Arrival Policy:

If you are more than **fifteen (15) minutes late** for your appointment, we will reschedule your appointment for a later date.

No Show/ Late / Late Cancellation Policy:

Our goal is to accommodate our patients’ health care needs and their schedules in a timely fashion to the best of our ability. For this reason, we require 24-hour notice for cancellations so that your appointment time may be offered to another patient. **Therefore, if you no show, arrive late, or cancel your appointment late, you will be charged a fee based on the length of time scheduled for your visit.**

Limited Space:

Due to the limited space available in our waiting area, we prefer you bring no more than one visitor to your doctor’s appointment.

Referral Policy and Primary Care Physician:

Because regulations by today’s managed care insurance plans, you must obtain a referral from your primary care physician, if required. It is your responsibility to ensure that the referral is current; otherwise you will be expected to pay in full for all services.

Dr. Albright & Loughner is a specialist in the field of Endocrinology, Diabetes and Metabolism and does not function in the role of a primary care physician. **Be aware that he will not provide non-emergent medical care unrelated to your endocrine, diabetes, or metabolic condition including refills of prescription drugs not related to your Endocrine condition.**

I have read, fully understand, and agree to all terms set forth in the above Office Policy.

Responsible Party (Please Print Name)

Responsible Party Signature

Date

Staff Initials