



270 E. 8<sup>th</sup> Ave. Ste. 201  
Durango, CO 81301  
970-247-7997  
www.durangoultrasound.com

### **Patient Financial Responsibility Statement**

Thank you for choosing Durango Ultrasound, LLC for your ultrasound exam. The medical services you seek imply a financial responsibility on your part. This responsibility obliges you to ensure payment in full for the services you receive. To assist in understanding that financial responsibility, we ask that you read and sign this form prior to your study being performed.

- 1) You acknowledge and agree to the established policies regarding patient financial responsibility in this statement. You may request a copy of this statement.
- 2) You are ultimately responsible for all payment obligations arising out of your ultrasound exam and guarantee payment for this service. You are responsible for deductibles, co-payments, co-insurance amounts or any other patient responsibility indicated by your insurance carrier, or which are not covered by supplemental insurance.
- 3) You are responsible for knowing your insurance policy. You are responsible for any charges if the following apply: your health plan requires prior authorization or a referral from a licensed provider before receiving care at Durango Ultrasound, LLC and you have not obtained such authorization or referral. If your exam exceeds allotted units per your insurance plan. If your insurance plan determines your ultrasound exam was not medically necessary. If your insurance plan has lapsed or expired at the time you receive services or you have chosen not to use your insurance plan coverage.
- 4) Durango Ultrasound, LLC will submit claims for CO Medicare only. All other commercial insurance claims are the responsibility of the patient to submit for reimbursement. If your insurance carrier is in network with Durango Ultrasound, LLC and you have a referral from a licensed provider you will be offered the contracted rate for your study which will be due at the time of exam. Durango Ultrasound, LLC will provide patients with a superbill and receipt of payment for reimbursement purposes which will be the patient's responsibility to submit.
- 5) Medicare patients. Durango Ultrasound, LLC is a participating provider with CO Medicare program, we are not in network with Advantage plans (Humana, United, UHC, etc.) and cannot bill Medicare directly for exams on patients participating in an Advantage plan. If patients with a Medicare Advantage plan choose to have ultrasound services rendered at Durango Ultrasound, they will be charged the Medicare allowed rate, to be collected at time of service and provided paperwork that they may submit to their Advantage plan for reimbursement. Furthermore, some exams may not be completely covered by Medicare; if exam is denied due to not meeting medical necessity, the cost of the exam becomes the patient's responsibility. Patients are required to pay any deductible or co-pay at time of service.
- 6) If Medicare does not remit timely payment on your behalf (within 90 days of submission of claim) you will be responsible for the charges. Payment is expected within 30 days of a

statement sent by Durango Ultrasound, LLC to you. If you make a payment that results in an overpayment Durango Ultrasound, LLC will refund you the amount within 30 days of being made aware of the overage.

8) You will receive a receipt of payment and superbill that includes type of exam and cost at time of your visit. You should receive a statement from your insurance company within 30 days of your visit if we submit your claim. You must notify us of any errors or objections to the billing statement within 30 days or they will be deemed accurate, and the fees and expenses shall be deemed reasonable and necessary for the services provided. If there is a problem with your account, it is your responsibility to contact Durango Ultrasound, LLC, or your insurance company to address the issue.

9) Payment of any account balance is due to Durango Ultrasound, LLC within 30 days of receipt of your billing statement. If any balance on your account is over 90 days past due, your account will be in default and referred to a collection agency.

10) We accept payment by check, cash, debit or credit cards. Payment may be made via patient portal at [www.durangoultrasound.com](http://www.durangoultrasound.com), over the phone or mailed to the address on the first page of this document.

By signing below patient acknowledges they have read and understand the Patient financial Responsibility Statement as it applies to them.

**Once I have signed this agreement, I agree to all the terms and conditions contained herein and the agreement shall be in full force and effect.**

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Patient/responsible party \_\_\_\_\_ date \_\_\_\_\_

**Waiver of patient Authorizations, Self-Pay patient declaration:**

I do not wish to have information released preferring to pay listed self-pay cost at time of service and will be responsible to submit any claims to insurance at my discretion.

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Signature of patient or guardian \_\_\_\_\_ date \_\_\_\_\_