James Chappell, MD, PC

James Chappell, M.D.

6740 E. Hampden Ave., Suite 210

Denver, CO 80224

### Phone: 303-722-4683 • Fax: 303-778-0726

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointment Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Future Patient:

 We appreciate your interest in our office, and we would like to welcome you to our specialty practice in Endocrinology, Diabetes and Metabolism. Many patients come to us from significant distances at the referral of other physicians, friends and relatives. Our patients often have complex problems that need intensive time and effort to evaluate and treat comprehensively, without Managed Care short-cuts. Our philosophy is to either “do it right or not at all”.

 In a medical world gone awry … where every conceivable party, from the federal government to insurance company clerks, have invaded the physician-patient relationship, something very important has gotten lost in the rush of today’s health care shuffle. That something is **TRUST**. Some patients today have good reason to wonder … whether their physician has taken the time necessary to thoroughly evaluate their problem and educate them adequately about it, including a review of all available treatment options.

 We realize that there is something fundamentally wrong with our nation’s medical care system when many physicians feel trapped in the grasp of “corporatized” (HMO and Managed Care) medicine, but powerless to “change the system.” We have chosen another path. Understanding that we cannot “change the system,” we realize we can only change how we practice medicine. We have broken away from all managed care plans. Rather than handing over what little control we have left over the patient care environment to others, we have taken back complete control and designed treatment protocols with nothing but the patient’s interest in mind. It is our practice to recommend only what is best for you, not what is best for your insurance company or their company pocketbook.

 We offer our patients service that you simply will not find in other medical practices. Since there is still no adequate substitute for genuine “face-to-face” time between patient and physician for discussion of important issues, we reserve a full hour for your initial consultation sessions and 15 minutes for your follow-up visits. You will not be rushed, and all of your questions will be answered. Fees are stated in the Financial Policy.

 Your first visit will include a complete history and physical. If any laboratory tests are ordered, these will be done in the office prior to your departure, or at a convenient laboratory draw center. Any other diagnostic tests will be done at a later date and we will help you to arrange this appointment. After your visit, a letter will be sent to your other physicians and you will receive a copy of any laboratory results obtained during your office visit. Laboratories will be billed to your insurance by the laboratory and radiology procedures will be billed to your insurance by the radiology department where your procedure was done.

OUR MISSION, simply stated, is to maintain a medical practice environment in which we can treat you the way we ourselves would like to be treated if we were in your place. While most so-called “experts” say that this is simply not possible anymore, we do it every day! To these “experts” we say that the importance of a patient’s trust in their physician should never be underestimated.

 We invite you to experience the best that private medicine has to offer.

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**Financial Policy**

As a result of our sincere desire to base all medical decisions on what is best for the patient, not what is best for the insurance company, we are no longer contracted with any insurance carriers. For the purpose of transparency, the following is our financial policy.

1. All charges must be paid upon check-in at the time of service and our treatment fees are the same for all patients, regardless of insurance coverage or not, as is required by law. Fees for new patients with a diagnosis of diabetes, pre-diabetes, metabolic syndrome, PCOS or weight management will be $390.00 for commercially insured/uninsured patients and $375.00 for Medicare, Tricare and Medicaid patients. Fees for new patients with a diagnosis other than diabetes, pre-diabetes, metabolic syndrome, PCOS or weight management will be $375.00 for commercially insured/uninsured patients and $350.00 for Medicare, Tricare and Medicaid patients. The fee for follow up appointments will be $200.00 for commercially insured/uninsured patients and $175.00 for Medicare, Tricare and Medicaid patients.

2. The contract with your insurance company to pay for a portion of your medical care is between you and your insurance company. By eliminating costs associated with billing, coding diagnoses, procedures, referrals, authorizations, payment delays, EOB reviews, claim denials, re-submissions, collection risks, and other managed care costs, we can provide patients a fair price for services without the administrative hassles and bureaucracy.

3. For your benefit, we will provide you with copy of the Physician Statement, listing our fees and diagnostic codes at the end of the visit. This is for you to copy and submit to your insurance provider. We recommend you contact your insurance carrier to verify your benefits so you will have a basic understanding of how your insurance will reimburse you for services provided by our office. Your insurance policy may consider Dr. Chappell either “In-network” or “Out-of-Network” and your reimbursement may vary accordingly. If you are covered by Medicare or Medicaid, neither you nor Dr. Chappell can submit your Physicians Statement for reimbursement. Unfortunately, insurance carriers are not always willing to provide their allowable fees or disclose which billing codes they will cover. If this is the case, you may want to contact the Colorado Department of Insurance. www.dora.colorado.gov/insurance

4. It is your responsibility to obtain all referrals/authorizations required by your insurance plan, prior to your visit and to file your claim with your referral/authorization. Dr. Chappell will under no circumstance, contact or discuss any billing issues with your insurance.

5. You will be given a completed billing form with all the diagnostic codes and billing code necessary for you to file a claim with your insurance carrier. We recommend you contact your insurance carrier and request instructions for filing your claims. Note: Colorado State Law requires insurance carriers to process your health insurance claim within 30 days of receipt of a “clean” claim. (Colorado Revised Statutes 2013, Health Care Coverage, Title 10, Article 16, 10-16-106.5, Prompt Payment of Claims-Legislative Declaration-Rules)

6. Due to rising administrative costs and the numerous requests we receive, our office does not fill out “forms” from insurance companies. A copy of the patient’s medical records will be forwarded to the insurance company when a signed authorization to release medical records is received. Their medical review professionals can extract the information required from these records. A copying fee will be required prior to release of the copied records and is the responsibility of the insurance company. If you request a copy of your medical records, there will be a copy fee of $18.50 for the first 1-10 pages, an additional $0.85 per page from pages 11-40 and an additional $0.57 per page for additional pages copied after 40. If the records need certified, a $10.00 fee will be assessed. These fees are determined by the Colorado Medical Board. If you request that the physician fill out “**any forms**”, a $25.00 fee may be assessed for forms up to 2 pages and an extra $10.00 for each additional page after the first 2 pages. Most “forms” including FMLA forms should be filled out by your primary care physician.

**7. Please Note:** We do not charge interest, therefore, we are unable to offer in-house financing or payment plans. If you are unable to pay for your services upon check-in for your appointment in full with cash, check or money order, you may put the balance on your credit card and make monthly payments to your credit card company. Payment for services made after the office visit, if a bill is issued, will incur an additional $50.00 billing fee as a billing service will need to be hired in order to process the bill.

**8. Medicare:**

Dr. Chappell has chosen to “Opt Out” of Medicare. All patients who are on Medicare, or are eligible for Medicare, must sign the federally mandated “Private Contract” in order to receive services at our clinic. All services, must be paid in full at the time of service and neither Dr. Chappell, nor the patient may file a claim to Medicare for reimbursement. Some secondary insurers will cover part or all of the cost of the office visit if Medicare will not cover the office visit. However, it is your responsibility to obtain this information from your secondary insurer.

**9. Champus/Tricare:** We are not an active Champus/Tricare/Tricare for Life provider. We will NOT accept Champus/Tricare/Tricare for Life insurance, we will NOT file any claims to Champus/Tricare/Tricare for Life and we will NOT accept the Champus/Tricare/Tricare for Life fee schedule for reimbursement of our services.

10. **Workers Compensation:**

Dr. Chappell does not see workers compensation cases. If you are under workers compensation, he is willing to see you for your endocrinology issues, but will not do workers compensation, comment on work related injury or accept any workers compensation payments now or in the future. Any workers compensation form or paperwork must be done by your primary care physician or your workers compensation physician.

11. **No Shows or Late Cancelations:**

Dr. Chappell makes his living caring for patients. If an appointment is made, that time is reserved only for you. If you do not show for the appointment, Dr. Chappell cannot earn a living. If an appointment is canceled late, there is not enough time to fill that appointment slot. Dr. Chappell requires at least 24 hours notice for a cancelation. No shows and cancelations less than 24 hours prior to the appointment time will incur a fee equal to the cost of the appointment ($200.00 for insured/uninsured and $170.00 for Medicare, Tricare or Medicaid for follow up appointment an $350.00-$390.00 for new patients depending on the category noted in section 1 above). Extenuating circumstances will be taken into account.

By signing this document, you are agreeing to pay for our services in full and forego any insurance benefits/discounts.

I have read, understand and agree to the terms and conditions listed above.

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Signature of Patient or Parent if Patient is a Minor Date

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| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Dr. James Chappell M.D., P.C. Notice of Privacy Practices for Protected Health Information Effective Date: September 1, 2015  |