



8601 Turnpike Drive, #200, Westminster, CO 80031

Annual Notice of Costs & Payment Information

We believe the best care *is with many providers of different specialties*. Our motto is getting the right care, at the right time, with the right person. That is possible with your Care Team at WMC: Primary Care Provider, a Clinical Pharmacist, Behavioral Health Professional, Care Manager, and a Certified Health Coach.



The Notice of Costs: when patients are seen by different providers, **WMC bills insurance or charges cash for time and service of each provider seen. WMC does not bill insurance or collect cash for Behavioral Health.** For example, if your visit includes your Primary Care Provider and our Clinical Pharmacist, WMC charges the insurance company for seeing both providers. Copays, deductibles, and co-insurances will apply to patients. WMC welcomes questions. Please call Staff at 303-487-5015.

WMC charges \$56.00 for missed appointments or cancelled appointments less than 6 hours from the appointment time for lab draws, medical, and pharmacy visits both in the office and televisits. WMC asks for 24 hours notice if patients need to reschedule behavioral health or health coaching appointments.

Do you have insurance? Please make sure to list your insurance information under **Primary** insurance.
Do you have a secondary insurance plan? WMC is happy to bill your secondary insurance for you as a courtesy. If insurance does not pay the claim within 60 days of date of service, you will be responsible to pay the remaining balance.

PRIMARY Insurance: _____

Is the patient the subscriber or primary policyholder?

Yes No **If no, please provide below information*

Subscriber relationship to patient: _____

Subscriber Last name: _____

First name: _____ MI: _____

Subscriber Date of birth: _____

Address (if different than patient): _____

Apt/Unit: _____

City: _____

State: _____ Zip code: _____

SECONDARY Insurance: _____

Is the patient the subscriber or primary policyholder?

Yes No **If no, please provide below information*

Subscriber relationship to patient: _____

Subscriber Last name: _____

First name: _____ MI: _____

Subscriber Date of birth: _____

Address (if different than patient): _____

Apt/Unit: _____

City: _____

State: _____ Zip code: _____

Payments are due within 30 days of receiving a statement from WMC.

Wondering which insurance company or health plan to pick at open enrollment? Not sure if your plan will pay for a visit?

Call us at 303-487-5015 to learn more. We can help!

If WMC has not received payment on a balance, WMC sends 2 paper statements and will make 2 additional attempts to contact you. If the balance is not paid, your account will be reviewed to be sent to our collection agency. If approved, a certified letter will be sent to you and a charge of \$6.75 will be added to your account. You (and your family, when applicable) will be discharged from the clinic. You are responsible for any collection fees, interest accrued, court and attorney fees resulting from our debt collection agency.

This *Annual Notice of Costs and Payment Information* does not replace the full WMC Payment Policy signed when establishing care as a New Patient. All WMC Payment Policies are applicable. If you would like a copy of your signed WMC Payment Policy, please notify the Front Office. Also, copies of the WMC Payment Policy is available at the Front Desk or on our website at www.westminstermedicalclinic.com. This *Notice* was meant to decrease paperwork for both you and WMC.

By signing below, I acknowledge I have received this Notice, and agree to the full WMC Payment Policy previously signed.

Patient Name (Please print)

Signature

Date