



ORTHOPEDIC CENTERS OF COLORADO
Denver Spine Surgeons

Dear Patient:

Welcome to Denver Spine Surgeons, a division of Orthopedic Centers of Colorado. We are pleased to have you as a patient in our practice and look forward to seeing you at your appointment. Please check in 30 minutes prior to your appointment time to process your paperwork.

Our commitment is to give you the best care and treatment that you deserve. As part of your treatment, we ask that you complete the enclosed **Patient Information Sheet, Spine Questionnaire, and Privacy Policy** thoroughly before coming to the office. In addition, please bring the information listed below.

- All x-rays, MRI's or CT scans** and reports related to your spine.
- All medical records** that are related to your current complaint (eg. Injection reports, pain management records, op reports).

All of these items are very important to your visit. **If any of the required items are not brought to your initial visit, we may need to re-schedule your appointment.**

Please remember to bring your insurance card and a photo I.D. Your co-payment, and any un-met deductible and/or coinsurance will be collected at the time of your appointment.

We are committed to serving you. As part of our commitment, we want you to understand your payment obligations. Please read the statement below prior to receiving services.

- All patients must complete our "Patient Information Form".
- We accept most insurance plans. At the time of treatment all you will need to pay is your copay and any unmet deductible/coinsurance.
- Self-pay patients' payment is due in full at the time of service
- We accept Cash, Check, Visa/MasterCard, AMEX and Discover
- There will be a \$25 charge for returned checks.
- There will be a \$50 charge for no show appointments and same day cancellations

Please contact us 24 hours in advance to Cancel and/or Reschedule. Cancellations and reschedules done at the last minute will leave empty slots that could be used by other patients requiring medical care. **For this reason a \$50 fee will be assessed for any no shows, cancellations, or reschedules done less than 24 hours in advance.** This fee is the patient's responsibility and will not be billed to your insurance company. You will be billed directly for this fee and it will be due prior to your next scheduled appointment.

Feel free to contact us at (303) 697-7463 ext. 0 if you have any questions. We look forward to seeing you.

Best Regards,

Gary Ghiselli, MD

Please note:

Even though we will be making a copy of your insurance card, please fill out the insurance information completely. Not all the information needed to submit your insurance claim is on your card. Please pay special attention to the "guarantor or insured party" section. If your insurance is not under your name and we don't have the insured party's information, the claim will not be paid by your insurance company.

Thank you. Billing Department

