

Contract of Financial Responsibility

In agreeing to be responsible for your medical care, Southwest Midwives requires that you be responsible for your financial obligations to us.

Please read and initial each paragraph and sign where indicated to acknowledge your understanding and acceptance. If you are a minor (under 18 years of age), your parent or legal guardian must accept financial responsibility on your behalf.

1. _____ I agree that I will pay in full for all services provided to me by Southwest Midwives *at the time of service*, unless my services are covered by a contracted insurance.
2. _____ I understand that my insurance company or health plan may require me to pay co-payments, co-insurance or deductibles. I agree to pay these in full *at the time of service, or within 30 days if billed separately*.
3. _____ I understand that if my contracted insurance has not paid within 60 days of billing them, **I will be required to contact them to find out why the claim has not been paid**. I understand payment is my responsibility at that time as well.
4. _____ I understand that if, 60 days after billing, I fail to pay any balance due on my account, further action may be taken on my account, unless other previous arrangements have been made and approved by Southwest Midwives.
5. _____ **If my account is sent to collections, or I am taken to small claims court, I am responsible for all amounts due plus all collection and court costs including:**
 - A handling charge – up to 50% of my account balance, or an interest fee of 33% from the date of service – will be added to my account.
 - If I am taken to small claims court an extra handling charge of \$210.00 will also be added to my account.
 - All collection expenses charged by the collection agency, or court costs incurred.
 - All reasonable attorneys' fees.
 - Any discounts I may have received on my account will be reversed.
6. _____ I also understand that at the discretion of Southwest Midwives, I may be taken to small claims court for full reimbursement of all fees and balances.
7. _____ If further action must be taken on my account, Southwest Midwives may require me to permanently seek further care elsewhere, in accordance with guidelines set forth by the Colorado State Board of Medical Examiners.

Thank you very much.

Signature (Patient or Guardian): _____ D.O.B: _____

Please print name: _____ Today's date: _____