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We would like to assist you in planning for your upcoming surgery. At the time you scheduled your appointment you may have been referred to us by your primary care physician. If you've been given a referral please present this to us before your surgery, your insurance company may require we have this in place before surgery.

Prior to your surgery, *we will obtain* a pre-certification for your procedure. We will do this according to the guidelines your insurance company has established. Most carriers now require that we fax additional information, this process is complex and we will work with your insurance carrier to ensure all has been completed accordingly. If your insurance carrier requires more time before authorization can be given, your planned surgery date and time may have to be rescheduled.

Our billing company will file a claim for your surgery with your insurance carrier. You are responsible for payment of services *not* covered by your carrier. You are also responsible for any surgical co-pays listed on your policy. Insurance payments are based on contracted rates; these fees are always lower than our physician's fees. If we are not contracted with your insurance carrier, you are responsible for the amount not paid by them. If circumstances of surgery dictate a change in your procedure, or if we perform additional procedures, we will bill the appropriate fees to your insurance carrier. Our fees *do not* include hospital, anesthesia, surgical assistant, and pathology or radiology charges. These charges are billed separately.

If you are a self-pay patient, Mountain View Surgical does require at least 50% of the physician's fees at the latest 72 hours prior to surgery or your surgery will be rescheduled.

(PT Initials) _____: Your operation may be difficult to perform and therefore requires the assistance of a Surgical Assistant. Our physicians have carefully selected several excellent surgical assistants who specialize in general and trauma surgery to assist with your surgery. This is to provide you with the best of care and safe outcome. Your insurance carrier may not cover the use of a surgical assistant, if this is the case you will be responsible for paying for the assistant. The surgical assistant may NOT be an employee of Mountain View Surgical Associates.

By signing this paper I understand the above listed policies for the office of Mountain View Surgical Associates.

Patient/Guardian Signature: _____ Date: _____

Patient/Guardian Printed Name: _____

Patient DOB: _____ Verbal Consent/Med.Assist Initial: _____

If you have any questions regarding the surgery please feel free to contact us at (303) 805-1855.