



**2172 South Clermont St**

**Denver CO 80222**

**Ph: 303-502-5880**

**Fax: 800-906-6601**

**Email: office@magnoliamed.com**

**PATIENT FINANCIAL RESPONSIBILITY FORM**

Thank you for choosing Magnolia Medical as your healthcare provider. We ask that you read and sign this form to acknowledge your understanding of our patient financial policies.

**Patient Financial Responsibilities**

Patients at Magnolia Medical must adhere to strict cash payment policies. We do not accept commercial insurance plans at this time, nor state-funded insurance plans, Medicaid, or Medicare for our program.

Prepayment is required prior to each visit. We accept credit card, debit card, money order, or cash. Checks are also accepted with government issue ID.

INITIAL VISIT: The cost for the initial program entry visit is \$295.

1-WEEK FOLLOW UP VISIT: 1 week after the initial visit where the cost is \$100.

1 MONTH VISIT: This visit occurs 3 weeks after the 1-WEEK follow up and that cost is \$295.

REGULAR MONTHLY VISIT: The cost for each follow up appointment is \$295. Follow up appointments are scheduled approximately every 4 weeks after the initial start up month.

**Patient Authorizations**

I understand that the drug addiction evaluation and treatment services provided by Magnolia Medical are services covered by the Colorado Department of Medicaid and other providers enrolled in the Medicaid program may render these services at no cost to me.

I understand that Magnolia Medical will not bill the Colorado Department of Medicaid for the covered services

I understand that I am financially responsible for the payment of the services that I received and I agree to the provisions of this patient responsibility form.

Patient Name: \_\_\_\_\_.

Signature: \_\_\_\_\_.

Date: \_\_\_\_\_.