



Address: 5920 McIntyre Street, Golden, CO 80403 Phone: (720) 434-4876 Fax: (303) 225-4246

BILLING AGREEMENT

I hereby acknowledge and agree that I am voluntarily seeking health care services from Rocky Mountain Senior Care and its providers. Electing to be seen by our provider establishes this agreement and all individuals legally capable of contracting, and the legal representatives of all Individuals incapable of contracting, agree to all provisions of this individual agreement.

I understand and agree that payment for the services I receive is my responsibility. I understand and agree that Rocky Mountain Senior Care may bill my insurance/third party payor or other responsible insurance as a courtesy but is not obligated to do so.

I acknowledge, understand and agree that it is my sole responsibility to determine what my health insurance covers, whether the health care provider I am seeing is a participating provider under my health insurance and whether my health insurance covers the health care services I receive from or through Rocky Mountain Senior Care. I understand and agree that I am solely responsible for payment of my entire account balance and that all payments are required in full, unless prior arrangements are made. Billing notices will be sent to the most recent address Rocky Mountain Senior Care has on file and that I am responsible for notifying Rocky Mountain Senior Care of any change in address.

I understand and acknowledge that Rocky Mountain Senior Care does not participate in all insurance plans and that Rocky Mountain Senior Care is not responsible for obtaining referrals, approvals or authorizations, or for knowing the requirements of my health insurance plan. I acknowledge and agree that it is my sole responsibility to know, understand and comply with the requirements of my health insurance plan.

I understand that Rocky Mountain Senior Care does not discriminate in our employment practices or in the delivery of health care services on the basis of age, race, color, national origin, religion, sex, sexual orientation, or physical or mental disability.

Except as preempted by federal law, this individual agreement will be governed in accord with Colorado law, and may be modified from time to time by us as those laws may require, and any provision that is required to be in this agreement by state or federal law shall bind Individuals and enforce any provision of this agreement will not constitute a waiver of that or any other provision, or impair our right thereafter to require your strict performance of any provision.

I acknowledge that, with the exception of exempted claims, my participation in services provided by Rocky Mountain Senior Care requires that all claims by me, my spouse, my heirs, or anyone acting on your or my behalf, against Rocky Mountain Senior Care or any employees or shareholders of these entities, or providers or affiliated physicians, must be submitted to binding arbitration before a single neutral arbiter. By engaging in our services, you have agreed to the use of binding arbitration in writing within 60 days of the alleged incident(s) or occurrence(s). The arbitration hearing will be conducted in accord with the Colorado Uniform Arbitration Act and the Federal Arbitration Act.