

## **Financial Policy**

We offer the following explanations of the policies related to fees and costs. If you have questions regarding your account or need to set up a financial arrangement, please contact our billing representative.

**Our fees:** are determined by the individual care given. Health insurance may not cover the entire cost of your care. Medical care costs are rapidly rising, and we make every effort to keep costs down. Payment at the time of services can help reduce these costs. Co-pays and non-covered services are required to be paid at the time of service. We accept personal checks, Visa, MasterCard and Debit. We will bill your insurance as a courtesy to you, and we encourage our patients to contact their insurance carrier to determine what is covered by their plan. Remember that your account is your responsibility even though you have insurance.

**Appointment Deposit Expectations for our New Patients:** Required on your first visit, is a New Patient Deposit of \$100 or your copay requirement for non-preventive care. For uninsured patients, a New Patient Deposit of \$200.00 is required.

Should you require surgery, we will contact your insurance company to obtain pre-authorization prior to scheduling your surgery. Obtaining pre-authorization does not mean that your surgery will be covered at 100%. Prior to your pre-operative appointment, you will need to discuss your insurance benefits with the billing representative. You will be expected to pay the anticipated costs, including any applicable co-pays, co-insurances and/or deductibles prior to your surgery.

**Referral Policy:** It is the patient's responsibility to ensure that a valid referral is on file for your visit. Please be courteous to your Primary Care Physicians (PCP) and request the referral early, as some of the offices require 3 to 7 days of advance notice. If we do not receive a valid referral prior to your appointment, you may choose to sign a waiver and assume 100% of the cost or reschedule your appointment as most carriers will no longer allow retroactive referrals.

**Understanding Your Office Visit:** An annual exam (preventive, routine, wellness and well woman) includes an age-appropriate history & physical exam, risk factor review, ordering of routine laboratory tests, along with general discussion about healthy lifestyle and preventive care. Lab tests ordered as part of an annual exam are billed as preventive care services. All laboratory tests are billed for disease prevention, not to monitor a diagnosed disease. Generally, lab tests are a covered benefit under your plan but NOT paid at 100% and are frequently subject to plan deductible and copay requirements. You will be billed for any related balances due for the lab services directly from the laboratory providing the diagnostic analysis. A problem-oriented visit (menopause, depression, bleeding, etc.) addresses specific problems. How your office visit is billed (annual or problem) is determined by what happens during your visit, typically where the most focus is directed. However, it is possible that your visit may include both annual and problem services, which will be billed accordingly. Our billing office at 541-787-4729, M-F 7:30-4:00.

**Statements:** are posted to your patient portal and/or mailed monthly for any balance due on your account. Payment is expected upon receipt of the bill. We encourage you to review all statements for accuracy of services provided. Patient due balances over 60 days may be subject to interest and an additional billing fee of \$10.00 per month.

**No Show/Late Arrival Policy:** If it is necessary for you to reschedule your appointment, please inform us immediately. If you are unable to keep your scheduled appointment, please cancel at least 24 hours prior to your scheduled appointment or a \$100 fee may be incurred. Any two appointments missed without 24-hour notice may result in dismissal from our practice. If the clinic is closed, please leave a voice message at 541-342-8616.

To ensure that each patient is given the proper amount of time allotted for their visit and to provide the highest quality care it is very important for each scheduled patient to attend their visit on time. Please plan on arriving 30 minutes prior to your scheduled appointment time. If you arrive late, you may be asked to reschedule your appointment in order to accommodate patients that have arrived on time.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name (Please Print):** \_\_\_\_\_