****

**FINANCIAL RESPONSIBILITY AND CONSENT TO TREAT**

**Patient Financial Responsibilities**

Oregon City Family Practice Clinic, P.C. is committed to providing you with the highest quality medical care. Because patients are ultimately responsible for the charges associated with their care, even when insurance is in place, you may find the following information helpful.

**Patient Responsibilities**

***You can help ensure an efficient experience by assisting us with the following:***

* Allowing us at least 24 hours advance notice if you need to cancel or reschedule an appointment or you may be charged a $25.00 late cancellation/no-show fee.
* Completing any required incident/accident forms at the time of appointment.
* Knowing your insurance benefits and limitations.
* Noting that co-payments, co-insurance, and deductibles are a contractual agreement between you and your insurance company. This means that we cannot change or negotiate the amounts.
* Paying your estimated portion of the charges at the time of service and any additional amount owed when it is due.
* Providing us with authorization for our providers to treat you if it is required by your insurance, including obtaining a referral.
* Providing us with copies of any pertinent medical records, including tests (MRI, CT, Arthrogram, Ultrasound) and x-rays.
* Providing us with your picture identification and insurance card to enable us to submit your claims timely and accurately.

**Insured Patients**

You are allowing us to submit to your insurance company for treatment that you receive. You are authorizing Oregon City Family Practice Clinic, P.C. to release any medical records to a third-party payor regarding a claim for payment. If you are disputing payment with your insurance company or have a balance with us, you must notify our business office and make payment arrangements within 30 days. **Co-pays:** Please be prepared to pay for your portion of the charges on the date of service.

**Uninsured Patients**

**Office Visits:** If visits and services are paid in full at the time of service, we offer a 20% discount (see exclusions below). Office visits may include x-rays, labs, vaccines, and other supplies at an additional charge. Charges are not finalized until chart notes are complete. **Exclusions:** The discounts referenced above do not apply in cases of motor vehicle accidents, third party insurance claims or in other cases when the patient may be reimbursed in full. Private pay patients who receive retroactive Medicaid coverage need to immediately notify our business office.

**Motor Vehicle Accidents (MVA) Insured and Third-Party Patients**

We do not extend discounts for MVA-insured accidents, third-party insurance claims or in other cases when patients may be reimbursed in full. We will bill the MVA insurance carrier one time. The bill becomes your responsibility if not paid by the carrier in 30 days. We regret that we are not able to confer with attorneys or defer payment obligations, while a case settles. If your personal injury protection benefit (PIP) on your MVA policy is exhausted, we will bill your private insurance at your request, provided we are furnished with the necessary information at the date of service.

**Minor Patients**

I understand that the accompanying parent or guardian is responsible for payment unless court orders are on file. I understand that to be treated, the minor must be accompanied by a parent or guardian at each visit. There are exceptions. Please ask if you need a special arrangement.

**Patient Discharge**

I understand Oregon City Family Practice Clinic, P.C., reserves the right to discharge a patient for any reason. Please note that discharges occur for failure to meet your obligations under this document. In addition, due to quality of care considerations, the practice may discharge you for failure to comply with treatment plan(s) as outlined by your doctor.

**Workers’ Compensation**

If your visit is work related, we will need the reference number and carrier name prior to your visit, so that we can bill the carrier.

**Other Charges**

Please provide us with at least 72 hours notice if you need to cancel or reschedule an appointment if you need an interpreter. You may be charged for the interpreter if we do not receive the courtesy cancellation. **Forms:** There may be a charge associated for completion of some forms. We require payment of the charge before returning the completed form to you. A signed Release of Information may also be necessary. Please allow 5 business days for us to complete the forms.

**Payment**

1. **Payment Options:** We accept cash, check, major credit/debit cards, cashiers’ checks and money orders for payment. No post-dated or third-party checks. We charge a $40.00 NSF fee for any returned checks.
2. **Delinquent Accounts:** You will receive 2 statements. The 3rd statement will note the account as late. We may assign an account to collections if balances are unpaid after 90 days. Patients assigned to collections will be denied additional services.
3. **Alternative Payment Arrangements:** If you are unable to pay your balance when due, please contact us to make a payment arrangement. Any patient with a past due amount may be denied additional services until the amount is paid or the patient is complying with an alternative payment arrangement. We do offer payment plans.
4. **Prior Bad Debt:** Patients who have not satisfied their payment obligations for prior episodes of care with Oregon City Family Practice Clinic, P.C. will not be scheduled and are considered no longer a patient of the clinic.