

CREDIT POLICY

PATIENT RESPONSIBILITY: Patients are responsible for all charges resulting from services provided at The Urology Clinic, PC. As a service to you, we will bill your insurance carrier directly. However, primary responsibility for the account is yours. Payment is due for services rendered within 30 days of the service unless other arrangements have been made between you and staff in our business office. If you are a new patient, you may be asked to make a deposit of \$120 at your first visit. Exceptions to this include: patients covered by Workers Compensation, Oregon or Washington Medicaid, Oregon Health Plan and Medicare when a current medical card is presented, or any HMO/PPO contracted members who present with a current medical card. These members are expected to pay any applicable co-payment or deductible. If you are an established patient and have a delinquent patient balance on your account, you will be asked for payment at the time of service. If the services you are receiving from our office are not covered by your insurance plan, you may be asked to sign a waiver or Advanced Beneficiary Notice indicating your responsibility for payment of the charges incurred.

CO-PAYMENTS: Many insurance carriers require patients to pay a co-payment at the time of service. Your i card should indicate the amount of your co-payment. You will be asked for your co-payment when you check in for your appointment. It is your responsibility to let us know if there has been a change in your insurance or co-payment.

REFERRALS: Most referrals made from a primary care to a specialist require prior authorization from your insurance carrier before you can be seen by the specialist. It is your responsibility to make sure you have a referral in place with your insurance carrier before you obtain services from The Urology Clinic, PC. A referral for each date of service is required. We suggest that you contact your primary care physician one week in advance of your appointment to make sure they have processed the request for a referral with your insurance carrier. Although we will assist in this process, it remains your responsibility to make sure a referral is in place to avoid being rescheduled or billed for the services. In the absence of an authorization from your insurance carrier, you will be asked to sign a waiver that indicates your responsibility for payment of services.

BILLING PROCEDURES:

Deductibles: If you have not met your deductible for the year, you may be asked to make a payment at the time of service.

Elective Procedures: Many insurance carriers do not pay for elective services. We require payment in full prior to performing any elective service.

Medicare: Our physicians are participating providers. We will bill your primary insurance for services rendered. As a courtesy, we will bill a secondary insurance if you provide us all the necessary information to do so. You are responsible to inform us if there are changes in your coverage.

Oregon/Washington Medicaid: You must bring your current medical card with you each time you come to the clinic.

Oregon Health Plan: You must bring your current medical card with you. We will bill the carrier indicated on your card. If you do not have a referral for services and one is required, it is your responsibility to obtain one.

Workers Compensation: In order to file a workers compensation claim you must provide this office with the name of your insurance carrier, claim # and date of injury. Your employer should supply you with this information prior to your visit. Please let the receptionist know at the time of service that this visit is related to an on-the-job injury. If you do not supply us with this information, we will bill your private insurance carrier or you directly.

Re billing Fee: Any account with patient balances 90 days past due may be subject to a \$5.00 re billing fee each month it remains past due.

Payment Method: We accept cash, check, Visa or Master Card. A fee of \$15.00 will be charged for all checks returned for insufficient funds.

For questions regarding this policy or your account, please call our billing office at 503-284-3922.

Your signature below indicates that you have read and received a copy of the Credit Policy for The Urology Clinic, PC. This policy applies to any services received by providers at The Urology Clinic, PC.

Patient signature or Legal Guardian if patient is a minor

Date_____