EAST PORTLAND NEUROLOGY

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# FINANCIAL POLICY FOR EAST PORTLAND NEUROLOGY

In the interest of good health care practice, it is desirable to establish a credit policy to avoid misunderstandings. Our primary responsibility is to help our patients experience good health and we wish to spend our time and energy toward that end.

- You will need to provide our office with your social security number, drivers license and current health insurance card. **Your appointment may be postponed if the above are not furnished** at the time of your appointment.
- Insurance is gladly billed (except for third parties such as MVA's) as a courtesy to our patients, when you provide us with current and correct information. Even though you may have an insurance claim pending, you may receive a monthly statement for the outstanding balance on your account. We cannot accept responsibility for collecting an insurance claim after 60 days or for negotiating a disputed claim. All Accounts are to be paid in full 60 days after services rendered. Insurance reimbursement is a contract between you, your employer and the insurance carrier. **YOU** (not the insurance company) are responsible to us for all fees for service rendered to you. Keep in mind not all services are a covered benefit in all contracts. It is your responsibility to know your contract with your insurance company.
- I hereby authorize East Portland Neurology Clinic to release all information necessary regarding services rendered to my insurance company and all physicians involved in my medical care.
- I understand that in order to cover my services a referral from my primary care physician may be necessary. I also understand that if East Portland Neurology Clinic **does not** receive a written referral authorization or referral from my primary care physician, I will be held financially responsible for any and all charges incurred. In some cases we may need to reschedule your appointment.
- There will be a 30% discount FOR THE DAY OF SERVICE ONLY by cash or credit card (no checks). This does not apply to co-payments.
- **Cancellation and No-Show Policy**: Cancellation or Reschedule appointments with less than 24 hours notice will result in a $35 fee. No show appointments will be charged a $50 fee for the first time and $75 for each additional no show.
- There will be a flat fee of $15.00 for co-pays that are not paid on the day of your appointment.
- There will be a $35.00 fee for NSF Checks.

I have read this credit/financial policy and understand that regardless of any insurance coverage I may have, I am responsible for payment of my account. I understand that delinquent accounts may be assigned to a credit reporting collection service. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all legal costs and expenses, including reasonable attorney fees. This will ensure that our responsible patients will not be penalized to cover costs incurred by those who do not pay on time.

I am aware of HIPPA rules and guidelines and can obtain a copy at my request.

Please Print Name: _____

SIGNATURE: _____ DATE: _____