



Patient Agreements

Financial Policy

Thank you for choosing us as your health care provider. We are committed to making your treatment a success. The following is a statement of our financial policy.

All patients must complete our Patient Information form before seeing a provider.

If we need to contact you or a member of your family with a lab result, medication questions or if you unexpectedly have a problem requiring emergent transfer or a ride home, we must have a contact name and telephone number. We will not see you without completion of all information.

We will bill your health insurance carrier provided you bring in a copy of your card and our system registers eligibility at the time of your visit. Otherwise, we will request that you pay for the office visit in full and reimburse you if all necessary information needed to bill the claim is provided within 24 hours of your visit.

Insurance coverage varies from plan to plan...

Depending on your individual insurance coverage, your carrier may cover some, all or none of the services rendered to you at the Sellwood Medical Clinic, P.C. Regardless of the coverage of insurance, you are responsible for the bill. All health insurance plans represent a contract between you and your insurance company. Therefore, it is your responsibility to confirm network status with Sellwood Medical Clinic, PC. It is also your responsibility to see that the insurance carrier makes prompt payment and to handle any disputes or questions that may arise. By signing, you are stating that you understand **Insurance/Medicare may not cover the services you receive and you are personally responsible for payment. All co-payments for insurance plans in which we are Participating Providers are due prior to treatment. A \$10.00 fee will be assessed for any co pay not paid at the time of visit.**

"Usual and Customary" rates...

Our practice is committed to providing the best treatment for our patients, and we charge what we consider to be usual and customary rates for this area. Many insurance companies have lower rate schedules which they call "usual and customary", but are in fact arbitrarily defined by them. You are responsible for payment regardless of any insurance company's arbitrary determination of their own scale.

Other ways to pay...

If you do not have insurance, you will be expected to pay for services at the time of care. We accept cash, credit cards and checks. We hold these at the front desk until you are charged out. Please be aware, there may be times that additional fees for services are assessed when your encounter is processed by billing.

Cancelled or missed appointments...

We require a minimum of 24 hours' notice for cancelling appointments. Therefore, there will be a fee of \$75.00 for the first appointment not cancelled within these guidelines. For each additional appointment missed or not cancelled 24 hours prior to the appointment time, additional fees will be applied. After three late notice and/or no shows you will be subject to discharge. To avoid a fee, simply call us (day or night) at 503-595-9300 and press option 3.

Medical Records Policy

We will gladly forward medical records with a signed HIPAA compliant release on file. Please request one from the front desk or obtain one from our website. Due to the volume of requests we receive, please keep in mind that the records can take up to 30 days to complete per Oregon State Law. We will transfer records at no charge to another provider. All other instances will assess a fee, to be determined based on the size of the record.



Prescription Policy

If you have a current prescription and no change in the medication dosage or pharmacy have been made, please contact your acting pharmacy directly to put in a refill request. Please allow up to 72 hours for this transaction to occur.

If you have any questions regarding payment options or financial responsibilities, please contact our billing department at 503-595-9300 x 2250

I have read, understood, and agreed to the policies described in this Policy Agreements form. I agree to pay any collection costs incurred by the clinic. I authorize the release of any information my insurance company may need to process my claim and I authorize my insurance to issue payment directly to Sellwood Medical Clinic, P.C. In the event I have a personal balances owing, I will promptly pay them and bring my account current. Failure on my part to pay my personal financial obligations to Sellwood Medical Clinic, P.C. could result in my account balances being turned over to collections. I agree to pay any accounting service charges assessed by the billing department on balances over 60 days.

As Patient and/or Guarantor, I agree to the terms and conditions of the Sellwood Medical Clinic, P.C. financial policy.

Patient Signature or responsible party for patient

Date