

## HIMS Participant Registration Statement of Financial Policy

*By signing this HIMS Participant Financial Policy, you understand that you are financially responsible for your account, and you agree to pay fees IN FULL at the TIME OF SERVICE for each medical visit you have with the HIMS AME.*

- The following payment methods are accepted: **Cash, Visa, and MasterCard.** (NO CHECKS.) Payment is due at the completion of each visit.
- The initial consult with the HIMS AME is \$1200 which includes 40 minutes of face-to-face time and an additional 30 minute of the HIMS AME time for chart review and dictation. (This includes initial submission)
- The follow up visits with the HIMS AME are \$395 each which includes 20 minutes of face-to-face time and an additional 30 minutes of the HIMS AME time for chart review and dictation. If review is longer than the 30 minutes the charge will be based on time.
  - Additional time spent 0-10 minutes face to face with the HIMS AME is \$75.
  - >30 minutes spent on review will be charge at the rate of \$75 for 0-10 minutes and \$100 for 11-20 minutes.
- **Phone visit rates with the HIMS AME are the same as face-to-face visits.**
  - Services provided by phone are required to be paid by credit card (Visa or MasterCard) at the end of the phone appointment.
- Time spent **in between visits** for services such as phone calls to or from the FAA, coordinating with providers, records review, letter dictation, etc. pertaining to your participation in the HIMS Program will be charged according to the amount of time spent.
  - \$75 for 0-10 minutes.
  - \$150 for 11-20 minutes.
- This office has a strict Zero Tolerance 24-Hour Cancellation and No-Show Policy. If a visit is missed or late cancelled, a **No-Show Fee of \$395 will be charged and due within 7 days.**
  - Visits with the HIMS AME will not be scheduled until outstanding balances are paid IN FULL.
- Accounts sent to collections will be assessed a \$200 Collection Fee.

*I understand and agree to my financial responsibilities as stated in this Financial Policy.*

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Participant's Printed Name

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Participant's Signature

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Date

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