

Columbia Otolaryngology
Group Inc.

FINANCIAL POLICY

Patient Responsibility:

Our practice is committed to providing the best treatment for our patients. Patients are responsible for all charges resulting from treatment provided by their physician. As a service to you, we will bill most insurance carriers directly. However, primary responsibility for the account is yours. Providing correct insurance billing information is the responsibility of the patient. If your insurance changes, please present your insurance card at your next visit. All patients must complete our patient registration form before seeing the doctor.

- Minors: The undersigned will agree to be responsible for payment of balances for services rendered to minors.

Payment Arrangements:

***New and Established Patients:** The portion that insurance will not pay is due at the time of visit. Insurance companies **do not guarantee payment.** If there is a balance due after insurance pays, payment is due within 30 days of the first billing. Accounts with balances over 90 days will be assessed a processing fee each month.

HMO/PPO co-payments and deductibles, if required by your plan, are due at the time of each visit.

*We accept Visa, Mastercard, Discover Card, checks, cash and money orders.

Referrals:

Many insurance carriers require referrals from your Primary Care Physician before you receive care from a specialist, it is your responsibility to obtain a referral or prior authorization if your medical coverage requires either.

- A phone will be provided for your call. Please get the name of the person who authorizes your visit.
- Authorizations can be difficult to obtain, especially after hours. Please be aware that if you choose to be seen before you have received valid authorization, your insurance will probably not reimburse you for today's visit. For this reason, we must ask that you either wait to discuss the situation with your PCP or pay in full.
- If the referral cannot be authorized, you will be required to sign a waiver form.

Insurance Billings:

Please be aware that some or perhaps all of the services you receive may be non-covered services and not considered reasonable and necessary under your insurance plan. In this instance, you will be responsible for payment.

Medicare: Our physicians are participating providers. Although we bill Medicare as your primary insurer, you are responsible for billing your supplemental insurance. **Note:** Medicare may be able to bill your supplemental insurance, please contact them at 800-444-4606.

Oregon/Washington Welfare and Oregon Health Plan: Please bring your current medical card with you to each appointment. If you are restricted to a primary care physician by Oregon's Medical Assistance Program or Washington's Department of Social and Health Services, you must obtain a referral from your primary care physician prior to your appointment with your specialist.

Workers' Compensation: In order to file a Workers' Compensation claim, you will need the name of your insurance carrier, the date of your injury and your claim number, if available. Be sure to notify the registration desk at each appointment if your visit is due to an injury covered by Workers' Compensation.

Motor Vehicle or Other Liability Claims: Your physician is willing to bill insurance carriers in liability claims. While we understand that settlement of these claims can take many months, full payment for the visit(s) or financial arrangements must be made. We ask that you work with our Business Office to make suitable payment arrangement. We would appreciate your supplying our office with a copy of your private health insurance card.

Check Returned: It is our clinic's policy to charge all patients a \$25.00 fee for checks that are returned unpaid by the bank.

Refunds:

A refund will not be issued:

- If your account shows a current balance.
- If the insurance company is requesting monies returned or there is a discrepancy in their payment to us.
- If there is a question as to the status/eligibility of your insurance coverage.
- If you have made a deposit and are still seeking treatment.
- Until our office receives payment from your insurance. Please note that the patient receives notification 2-3 weeks before we receive payment.

I have read and received a copy of this Credit Policy for my physician. I accept this policy for my treatment with my physician.

Print your name