

LAPINE COMMUNITY HEALTH CENTER'S FINANCIAL POLICY

PAYMENT FOR SERVICES:

We will bill participating insurance companies as a courtesy to you and will assist with your benefits. If we have not received payment from your insurance company within 60 days of the date of service, you will be expected to pay the balance in full. Insurance is a contract between you and your insurance carrier. Payment for services provided to you is ultimately your responsibility.

Payment is required at the time services are rendered **unless other arrangements have been made in advance**. This includes applicable coinsurance, deductibles and co-payments for participating insurance companies. There will be a 25% discount for private paying individuals at the time of service. La Pine Community Health Center accepts cash, personal check, VISA, and MasterCard. There is a \$10.00 service charge for returned checks.

PAST DUE ACCOUNTS:

Patients with an outstanding balance of 60 days overdue must make arrangements for payment. Any accounts 90 days past due will be charged a \$10.00 late fee each month the account is past due. We realize that people may have financial difficulty at times. Therefore, we have implemented a payment plan for those who can not pay in full at the time of service.

On accounts that have made payment arrangements, payment is due by the date agreed upon. Patient balances greater than 90 days old or those failing to honor agreed upon payment terms will be turned over to our collection agency. Any patient turned over to collections may be discharged from our practice.

REFUNDS:

Overpayments will be refunded upon written request to the responsible party within 30 days.

CANCELLATIONS/MISSED APPOINTMENTS:

If you are unable to keep your appointment, please call us as soon as possible; appointments cancelled less than 24 hours are considered a NO SHOW. We realize emergencies come up and your plans may change. Giving us as much time as possible (at least 24 hours) helps us to better serve you and our other patients. In the event that you do not provide an appropriate notice, you may be charged \$50.00 for the missed appointment. If you fail to keep your appointments with us for a total of 3 times, you may be discharged from the practice.

MEDICAL RECORDS REQUEST:

A written request must be signed by the patient or parent/legal representative in order to receive a copy of medical records. By law La Pine Community Health Center has 30 days to issue copies of medical records. I understand that I may be charged a fee of \$25.00 plus \$0.25 per page over 10 pages. This fee is waived for copies provided to a healthcare provider for continuing medical care. Medical records provided to attorneys or other professionals will be charged a flat rate of \$25.00 plus \$0.25 per page over 10 pages. Worker's Compensation or Motor Vehicle accounts will be charged \$10.00 for the first page and \$0.50 for every page thereafter.

ASSISTANCE or QUESTIONS:

If you need assistance or have questions regarding billing issues or the Financial Policy, please contact the billing office between:
8:00 a.m. and 5:00 p.m.
Monday through Friday at 541-536-3435

I have read and understand La Pine Community Health Center's Financial Policy. I agree to assign insurance benefits to La Pine Community Health Center whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections, including attorney fees.

Signature of patient/legal representative

Date

Printed Name