



## FINANCIAL POLICIES AND OFFICE HOURS

- **OFFICE HOURS:** Our office hours are Monday through Friday, 8am – 5pm. Non-urgent calls will be returned within 24-48 hours, depending on the nature of the call and physician's schedule
- **DELAYS:** Due to the nature of our practice, our physician's schedule may be interrupted by a trauma or an emergency at the hospital. These emergent cases may create a wait of up to one (1) hour. If such an event should happen on a day that you are scheduled, we will gladly reschedule your appointment if you cannot wait for the physician.
- **DISABILITY FORMS:** All disability paperwork needs to be brought to our office during your pre-op visit. Please allow our staff seven (7) working days to complete these forms. We will fill out one (1) complementary disability/life insurance type of form. After that, we charge \$5 per form. Please make sure to have your portion of the form filled out with your name, birth date and a phone number where we can call you when it is ready to pick up.
- **PRESCRIPTION REFILLS:** Please call your pharmacy when needing a prescription refill. Our office needs at least **3 DAYS notice** to refill your prescription. We will **not** refill pain medications after hours or on weekends. California residents must fill their prescriptions in Oregon before leaving the state.
- **BILLING:** Our Billing Department is available by phone from 8am-5pm, Monday through Friday. Billing calls will be returned within 24 hours.

We will bill your insurance as a courtesy to you. It is ultimately your responsibility to follow-up with them to make sure your account is paid. We will be happy to bill your secondary insurance carrier if you provide that information at the time of service.

We are here to assist you with any billing questions or problems you may have. Please help us by making sure that the reception staff has all of your updated insurance information.

You will be required to make your co-pay and/or co-insurance at each visit. For those who have no insurance, you will be expected to pay your balance in full. Our policy is to collect \$167.00 as you check in and the **remaining balance** (if any) as you check out after seeing the provider.

Billing statements are mailed monthly. Account balances 90 days past due are considered delinquent. However, we realize that temporary financial problems may affect timely payment of your account. If such problems do arise, please contact us promptly for assistance, otherwise, accounts over 90 days may be placed with our collection agency along with a 30% default fee and/or your care with our practice may be terminated.

- **REFERRALS:** If your insurance company requires a referral to visit our physicians, it is your responsibility to obtain a valid referral through your insurance company. If you do **not have** a **valid** referral for today's visit you, will be responsible for any and all charges incurred at the time of visit.

I have read and understand the policies above. Date \_\_\_\_\_ Initials \_\_\_\_\_