

NW Rheumatology Associates
9155 SW Barnes Road #314
Portland, OR 97225
(503) 297-3384 Fax (503) 297-0863

Financial Policy

Thank you for choosing NW Rheumatology Associates, P.C. as your health care provider. We are committed to building a successful physician-patient relationship with you. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities.

Changes

It is your responsibility to notify our office of any patient information changes such as; name, address, phone number, email, insurance information, etc.

Co-pays

Co-pays are due at the time of check in unless previous arrangements have been made with our bookkeeping department. We accept cash, check, and most major credit cards. If we have to bill you for your co-pay there will be a \$10 fee added. A service fee of \$35.00 will be charged for all returned checks.

Referrals

If you have an insurance plan that requires a referral from your Primary Care Physician (PCP) to see a specialist it is your responsibility to make sure this referral is in place prior to your appointment. You will be asked to reschedule your appointment if the required referral is not in place as your insurance will not cover your visit.

Insurance

It is your responsibility to be familiar with your insurance policy's requirements. If you are unsure of your coverage as it relates to services from our office please call the customer service phone number on your insurance card. We will bill your insurance company as a courtesy to you. In order to properly bill your insurance we require that you disclose all insurance information including primary, secondary insurance, as well as, any change of insurance information. Failure to provide complete and correct insurance information may result in patient responsibility for the entire bill. Please be aware there is a time limit on how long we have to file insurance claims.

Insurance Participation

NW Rheumatology Associates participates with many, but not all insurance plans. It is your responsibility to contact your insurance company to verify that we participate with your plan.

Insurance Payment Delays

If your insurance company does not pay within a reasonable period, we will transfer the balance to your responsibility. We request your assistance in following up with your insurance company to resolve non-payment issues. It is your responsibility to pay the bill. We are not providing medical services to your insurance company; we are providing them to you. You are responsible for the contract between you and your insurance company.

Missed Appointments

We will make every effort to give you a reminder call at least 72 hours in advance prior to your appointment; however it is your responsibility to remember the appointment. NW Rheumatology Associates require a 24 hour notice for an appointment cancellation. Appointments that are missed and not previously canceled may be charged a 'No Show' fee. Fees vary based on appointment type. New Patients \$125.00, follow up \$75.00 and infusion \$100.00.

Self Pay Patients

Self pay patients are required to make a \$250 deposit at the time of scheduling a new patient appointment and the remaining balance will be due at the time of service. For all subsequent visits payment will be due at the time of service, unless arrangements have been made. Financial hardship forms available upon request.

Outstanding Balance Policy

We send out statements every 30 days. I understand a finance charge/late fee may be applied to a balance more than 60 days old. Any account over 60 days past due will receive additional attention and we will contact you to make arrangements. This may be in the form of a phone call or letter or both. If no resolution is made further action may be taken on your account, up to dismissal from the office. In the event of non-payment, I will bear the cost of all collection and reasonable legal fees. Accounts assigned to collection will be charged a \$100.00 collection fee. We also offer online payments for your convenience.

This financial policy helps the office provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please feel free to contact our business office at (503) 292-7213.

Authorization to Release Information

I hereby authorize NW Rheumatology to release to my insurance company any information acquired in the course of my examination of treatment (if patient is a minor parent or guardian sign).

Assignment of Benefits

I hereby assign to this clinic any and all insurance benefits due to me to the full extent of my financial obligation to this clinic. I authorize NW Rheumatology Associates to file a complaint with the Oregon Insurance Commissioner on my behalf.

Financial Responsibility

I have read the NW Rheumatology Associates Financial Policy and understand that I am responsible for all fees for services rendered to me by the staff at NW Rheumatology Associates. I understand by signing this form that I am accepting financial responsibility as explained above for payment for services rendered to me. An electronic copy of this authorization will be deemed as valid as the original.

Patient Signature: _____ Date: _____

Please print your name: _____ DOB: _____