

Financial Policy Acknowledgement

FORM 103 - R180122

HEALTHCARE INSURANCE AND PATIENT RESPONSIBILITIES

In the interest of good healthcare practice, it is desirable to establish a credit policy to avoid misunderstandings. Our primary responsibility is to help our patients experience good health and we wish to spend our time and energy toward that goal.

- Insurance reimbursement is a contract between you, your employer, and the insurance carrier. You are responsible for payment of your account. Insurance(s) are gladly billed as a courtesy to our patients when current card(s) are provided for us. **All copays are due at the time of service.** Even though you may have an insurance claim pending, you will receive a monthly statement for the outstanding balance on your account. We can not accept responsibility for follow-up on your claims or for negotiating a disputed claim, but our staff will assist you if needed.
- There may be laboratory services that are not processed in our lab and will be sent out to another facility. These services may not be considered eligible for benefits (e.g. services may be determined to be not medically necessary, non-covered, or investigational) by your health insurance carrier. Your health insurance coverage may have certain restrictions such as prior authorizations, or referrals may be needed before obtaining certain services.
- You are responsible to pay in full for services that your health insurer will not cover due to non-payment of your premiums.
- When billing your secondary insurance, a coordination of benefits (COB) is required from your secondary insurance for processing. It is your responsibility to contact your secondary insurance. This will result in a COB. Unfortunately, your account manager can't make this call to your insurance plan. This needs to be done as soon as possible.
- All emergency room visits need to be pre-authorized by the nurse or on-call physician prior to your child going to the emergency room unless you are dealing with a life-threatening emergency in which case you will be calling 911.
- Even in situations of divorce, both parents are held equally responsible for payment of services unless a court document stating otherwise is provided for our records.
- There will be a \$25.00 minimum charge for any checks returned for insufficient funds.

ACCOUNTS, CREDIT, AND COLLECTIONS

- All outstanding accounts are due and payable at the time of your visit, unless satisfactory arrangements have been made with our Collection Department. There will be a 40% discount for office visits paid in full on the day of service, if no insurance is involved.
- The Salem Pediatric Clinic reserves the right to terminate care at any time or for any reason including but not limited to bankruptcy, insolvency, delinquency, or at the sole discretion of your physician.
- If collection of your account becomes necessary, you hereby authorize the Salem Pediatric Clinic to release all financial and contact information provided to the Salem Pediatric Clinic to any third party. However, the sharing of personal medical information is strictly prohibited.

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY. I UNDERSTAND THAT I AM PERSONALLY RESPONSIBLE FOR THIS ACCOUNT REGARDLESS OF MEDICAL INSURANCE, DIVORCE DECREE OR OTHERWISE. I UNDERSTAND THAT IN THE EVENT THIS ACCOUNT BECOMES DELINQUENT, BY SIGNING THIS POLICY, I AM BOUND AND RESPONSIBLE FOR ALL CHARGES ON THIS ACCOUNT. I FURTHER UNDERSTAND THAT DELINQUENT ACCOUNTS MAY BE ASSIGNED TO A CREDIT REPORTING COLLECTION AGENCY. IN THE UNFORTUNATE EVENT THAT COLLECTION IS NECESSARY, THE UNDERSIGNED EXPRESSLY AGREES TO PAY ALL PREVAILING PARTY ATTORNEY FEES AND COSTS. THE UNDERSIGNED FURTHER AGREES THAT IN THE EVENT OF A DISPUTE CONCERNING THEIR ACCOUNT, SUCH DISPUTES WILL BE HEARD EXCLUSIVELY IN THE MARION COUNTY CIRCUIT COURT.

Signed by _____

Date _____

Print Name _____

Relationship to patient _____

Patient Name _____

Patient date of birth _____



Salem Pediatric Clinic

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