

The Center is dedicated to providing the best possible care and service to you and regard your complete understanding of this policy as an essential element of your care and treatment.

- ★ Payment including Co-pays, are expected at the time of service. **New patients without evidence of insurance coverage are required to make a \$150.00 deposit with our Orthopedist and Neurosurgeon’s and a \$250.00 deposit with our Psychiatrist’s at the time of the appointment. Established patients without evidence of insurance coverage are required to make a \$100.00 deposit at the time of the appointment with all specialties.**
- ★ **Self pay patients**, those without insurance, may be offered a prompt payment discount on all charges if paid within 30 days of service.
- ★ **Patient is responsible for providing accurate/updated insurance coverage information to allow the provider to verify coverage and pre-authorization requirements. Under OHP rules (OAR 410-120-1280) patient is held responsible for payment of the service should they fail to meet this requirement.**
- ★ **If a deposit is not made at the time of the appointment, your appointment will be rescheduled.**
- ★ Cash or checks will be accepted with a \$33.00 fee for NSF checks. For your convenience, we do accept all debit/credit cards.
- ★ As a courtesy, we will bill your insurance when you assign the benefits to THE CENTER. **Your insurance is a contract between you and your insurance carrier**, if they do not pay THE CENTER within a 90-day period, **we will look to you for payment.** You will be refunded any overpayment you may make; in the event the insurance pays.
- ★ Any balance remaining after your health plan pays or denies as non-covered under your plan, will be your responsibility. Payment is due upon receipt of a statement from our office.
- ★ **For Motor Vehicle Accident & Workers Compensation claims** - Please provide your private insurance information at the time of your first visit. This will allow us to bill them in the event your claim(s) have been denied or benefits exhausted.
- ★ **Surgery**- Your estimated portion for scheduled surgical procedures is due prior to the surgery date. **We will collect 50% of the surgery cost if Self Pay or 40% of your deductible for The Center and Cascade Surgery Center, whichever is less.**
- ★ Any balance remaining after your health plan pays will be due upon receipt of a statement. ****Most surgical procedures include a 10-90 day period for routine postoperative office visits. X-rays and some procedures are subject to charge during this period. Some durable medical equipment, such as walking boots and braces are billed separately by the supplier.**
- ★ We will look to the *adult accompanying a minor* for payment of all services rendered to minor patients under 18 years of age.
- ★ If your balance is not paid off within 90 days, the account will be assessed an interest charge at the rate of 9% and transferred to a long term payment plan. Long term payment plans are outsourced to a third party agency HeRo. They will reach out to discuss payment plan options. If you default on your payment plan your account will be sent to our collection agency Professional Credit Services (PCS).
- ★ In the case there is suit filed by THE CENTER or Collection Agency for recovery of unpaid balance, you will be responsible for any incurred costs and/or Attorney fees associated with this action.

«PName»

«PNumber»

Responsible Party Signature

Date

Witness Signature

Date