



FINANCIAL POLICIES

Thank you for choosing Rogue River Family Practice Clinic as your medical provider. We have written this policy to keep you informed of our current financial policies.

NO INSURANCE Payment will be due at the time of service. If you are unable to pay your balance in full, you will need to make prior arrangements. Account balances over \$250.00 will be required to pay in full at the time of their appointment.

INSURANCE Although we are contracted with several insurance companies, it is your responsibility to make sure that our provider is in your plan. It is also your responsibility to know your insurance benefits and inform us of any changes in your insurance coverage. This ensures accurate billing and referrals. As a courtesy, we will bill up to two of your insurances. We cannot become involved in disputes with your carrier regarding your benefits.

Co-pays are due at the time of service. It is your responsibility to know the amount of your co-payment. The co-pay cannot be waived by our practice, as it is a requirement placed on you by your insurance carrier.

For your convenience we accept cash, checks, debit cards, Visa, MasterCard, and money orders. Payments are also accepted over the phone.

AUTO ACCIDENT We will bill for motor vehicle accidents, but only as a courtesy. If your motor vehicle insurance carrier does not pay or does not pay in a timely manner, then payment in full is your responsibility. We will supply any information that may be needed for you to submit to your motor vehicle insurance.

LIABILITY INJURY If your injury is a result from another party's negligence, you are required to pay for services and then collect from the responsible party. We will not file your insurance, but will provide you with a receipt to do so.

WORKER'S COMPENSATION If your injury is due to an accident in your work place, please inform the receptionist before you see the provider. It is your responsibility to know your employers workers compensation insurance information (name and billing address).

MEDICAL RECORDS We will provide you a copy of your medical records upon request, one time for no charge. Any further copies will require a fee. You will need to sign a letter of release prior to having them copied. Please allow up to 30 days for this request to be processed.

RETURNED CHECKS There is a \$25.00 return check fee on all returned checks.

BILLING If you receive a bill from us, it is because we believe the balance is your responsibility. Please contact your insurance company first if you think there is a problem. If you have any questions about your bill, please call our billing department immediately. If you cannot pay your entire balance, please call to make payment arrangements: 541-582-0505, option 3.

COLLECTIONS Accounts that are not paid within 30 days will begin our in house collection process. If your balance is not paid monthly and in a timely manner, you may be subject to dismissal from the practice.

ACKNOWLEDGMENT

I acknowledge that I have received and read a copy of the Rogue River Family Practice Clinic financial policies.

Signature/ Patient or Guardian _____ Date _____

A copy of this form will be provided at your request. Please inform the receptionist.