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Oregon | Neurology

INSURANCE AND FINANCIAL AGREEMENT

_____ _____ _____
Patient Name (Please Print) Date of Birth Date

Oregon Neurology is dedicated to providing the best possible care and service to our patients. To reduce confusion or misunderstanding, we have prepared the following insurance and financial information.

Financial Agreement: Your insurance policy is a contract between you and your insurer, the provider is not involved. We cannot be responsible for collection of your insurance claim or for negotiating a settlement on a disputed claim. Oregon Neurology providers are 'participating providers' with many health plans however, plan participation is subject to change. You are responsible for understanding your insurance benefit provided for each visit. If services rendered are not paid by your insurance for any reason, you are responsible for payment.

Insurance Claims: Please bring your insurance card with you to each visit. If insurance cards are presented, as a courtesy, Oregon Neurology will bill your primary and secondary insurance plans, and tertiary, when required by law to do so. If your insurance company does not pay for the services rendered by our providers, the charges will be your responsibility. In the event we need to appeal a decision by your insurance company, by signing below, you give us permission to do so on your behalf. We will need current and accurate insurance information in order to do this. If your insurance plan requires an insurance referral, please contact your primary care provider and request one. If the provider orders a test or service which your insurance requires a prior authorization, please notify us so we secure that for you.

Payment Agreement: For insurance carriers we are contracted with, we have arranged to accept assignment of medical benefits. By signing below, you authorize the assignment of medical benefits to Oregon Neurology. We will bill those plans with which we are contracted and will only require you to pay the authorized co-payment, co-insurance and/or deductible. We will collect this amount from you when you arrive for your visit. If we are not contracted with your insurance plan, we may still bill for services, however, whatever is not paid by your insurance, is your responsibility. If this creates a hardship for you, please do no postpone your appointment, payment arrangements can be made. Failure to abide by your payment agreement will result in your account being forwarded to a collection agency. If you have a balance that has been forwarded to a collection agency you will be required to make a $100 deposit on each future appointment and a $400 deposit for procedures.

Your statement will be emailed to you once we've received a response from your insurance carrier. Balances are due within 30 days of receipt. For your convenience, we accept cash, check, Visa, MasterCard, American Express and Discover cards. If this obligation cannot be met, payment arrangements can be made by calling our Business Office. Overpayments under $10.00 will not be refunded without a request.

Botox injections: Most insurance carriers consider this a surgical procedure, leaving a larger patient balance. We require a $250 reservation fee to schedule this appointment. Any patient balance remaining on a Botox injection must be paid prior to the next injection.

For uninsured patients or patients who request that we do not bill their insurance, a deposit is required prior to scheduling: $100 for follow ups, $200 new patients, and $400 for procedures. We offer a 25% discount for services paid within 48 hours of the visit. If you are unable to pay your balance in full, please check with the Business Office to see if you qualify for a payment plan.

Additional Charges: The following charges are patient responsibility and <u>not covered</u> by insurance.

- $10 Late Co-payment Fee charged for co-payments not made at your visit
- $25 charge for DMV forms or forms requiring only a physician signature
- $25 per page charge for letters and forms requiring more than a physician signature
- $35 non-sufficient funds charge for all checks returned by the bank or for a declined credit card
- $15 paper statement fee (per statement). eStatements will be sent at no cost

Consent to Treat: I voluntarily consent to physical therapy, speech therapy, occupational therapy, NCV, EMG, EEG, OCT, VFT, fundus photography, VNS, DBS, RNS, and injections, including but not limited to, Botox, Dysport, Xeomin as ordered by my provider or therapist.

Canceled, Missed or No-showed Appointments: If you are unable to keep your scheduled appointment, we ask that you notify the office 24 hours in advance so that we may allocate this time to another patient that needs our care. Please visit our website at <u>www.oregonneurology.com</u> for telephone hours and phone numbers. Except in the event of a one-time emergency, failure to give 24 hours notice will result in a fee ranging from $50-$125. The patient is also responsible for any fees that Oregon Neurology incurs due to the canceled, missed or no-showed appointment (ex: interpretation fees). This fee is not covered by insurance and must be paid prior to scheduling your next appointment.

Release of Information: I hereby authorize Oregon Neurology to furnish the insurance company, employer, or other payer or their representatives, any and all information required to process my claim. Special permission is necessary to release information where the patient is being treated for drug/alcohol abuse, mental health, or HIV related conditions.

I have read and understand the financial policy and agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.

_____ _____
Signature of Patient or Responsible Party Name of Responsible Party (Please Print)