

Salem Women's Clinic, Inc.

FINANCIAL AGREEMENT ACKNOWLEDGEMENT-Summary of Financial Statement

AUTHORIZATION FOR RELEASE OF INFORMATION: I authorize Salem Women's Clinic to release from my medical records any information required by my insurance carrier or any person, company, or agency responsible for processing my claims for medical services.

FINANCIAL AGREEMENT: I authorize payment directly to the Salem Women's Clinic for all insurance or health plan benefits otherwise payable to me, to the extent of my bill. I acknowledge that I am financially responsible for charges not paid by my insurance/other agency and or any co-pays, deductible and/or coinsurance. I understand that if my account becomes over 90 days past due, I may be required to pay finance charges on the unpaid overdue balance. I understand my account balance is to be paid in full within 45 days of the date of service, regardless if claims are denied, unsettled or unpaid unless otherwise determined by my health plan. I further understand I am responsible for payment in full at the time of service when insurance benefits are unavailable, unless other financial arrangements have been made.

Late Fee: A late fee will be charged to your account on any past due balance over 90 days. If you are unable to pay your balance upon statement, please notify our bookkeeping department immediately at (503) 399-2402.

Initials

Insurance Co-payment Fee: Co-payments (a set amount required per office visit per your insurance company) must be paid at the time of your appointment. If you are unable to pay at check-in, there will be a \$10.00 billing fee added to the balance of your account. This fee helps defray our costs for billing small amounts.

Initials

Cancellations/No Shows: Your account will be charged a \$25.00 fee for all appointments that are cancelled with-in 24 hours of the scheduled time and when patients do not show for scheduled appointments.

Initials

After Hours Phone Calls: Your account will be charged a \$25.00 fee for all "Non-emergent" phone calls made to our providers after clinic hours. Please see our Phone Call Policy for definition of "Non-emergent".

Initials

REFERRALS: I understand that I will be financially responsible for medical services and any other charges (such as surgery, labs and x-ray) related to my treatment for a NON- Referred visit from my primary care physician.

1395 Liberty Street SE Salem, Oregon 97302

I have read the above statement and have received a detailed copy of the Financial Statement.

Patient
Signature: _____ Date: _____
(Person assuming financial responsibility)

Patient Name: _____ DOB: _____
(Please Print)

Responsible Party: _____ Relationship to
patient: _____ 10/06 kb



FINANCIAL STATEMENT

PLEASE READ THE FOLLOWING CAREFULLY. If you have any questions please ask before signing your acknowledgement.

Patient Financial Responsibility: We expect you to be financially responsible for payment of your medical care at Salem Women's Clinic. All accounts are payable in full at time of service; a courtesy period of 45 days is given on all insurance claims. If after 45 days insurance payment is not received, the balance in full becomes your responsibility.

Payment Plans:

- We accept Visa or MasterCard credit cards.
- With pre-approval from our billing department, late charges may be avoided if your balance is paid in full over a 3-month period.
- Cash Pay/Self Pay: Payment in full is expected at the time of your appointment. Please check with our bookkeeping department before your appointment if you are unable to pay in full at time of service.

Insurance Co-Payment: Co-payments must be paid at the time of your appointment. If you are unable to pay at check-in, there will be a \$10.00 billing fee added to the balance of your account.

Co-Insurance: For most services, your co-insurance will be billed to you once insurance has responded. However, for some services, such as procedures, surgeries and OB care, we will estimate your percent and require payment prior to the service.

OB Budget Agreements: We make special financial arrangements for OB patients. After we verify benefits with your insurance company we will estimate the amount due by you for your OB care. If you are unable to pay this amount in full, we will set up a payment plan with you. *See your OB budget agreement for details.*

Referrals and Prior Authorizations: Many HMO policies require a referral or prior authorization for services provided by a specialist office. Please check with your primary care physician or your insurance company before your appointment for medical services such as diagnostic procedures, surgeries or non-preventative care. If a referral is required and we have not received one prior to your appointment, your HMO requires that you sign a waiver acknowledging your financial responsibility and we will expect payment at the time of your appointment.

Non-Covered Services: Some services are not covered or may be covered at a reduced benefit. Examples: infertility, mole/skin tag removal, pre-existing conditions, OB care for a dependant. *If you are unsure about coverage, please check with your insurance company or call our office before your appointment and we will try to assist you in determining eligibility in advance.*

Services Ordered or Performed Outside of Salem Women's Clinic: During your visit at SWC, we may order labs, ultrasounds, x-rays, mammograms, or perform pap smears, biopsies, etc... Most of these diagnostic services are performed outside of SWC. You will be charged and receive statements directly from those facilities. Some services may not be covered by your insurance or may require prior authorization, please check with your insurance company.

Policy for Non-Payment on Account: In the event payment agreements are not honored, Salem Women's Clinic will take action to collect the balance. This may include:

- Termination of medical care from Salem Women's Clinic.
- Referral to collection agency, small claims court and/or to an attorney for litigation

Please be aware, if an overdue account is submitted to an attorney, collection agency, court litigation, or to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

FEES & CHARGES:

No Show/Cancellation charge: Your account will be charged a \$25.00 fee for all appointments that you do not show up for and appointments that are cancelled with-in 24 hours of the scheduled time.

After Hours Phone Calls: You may be charged \$25.00 for any non-emergent phone call made to our providers after hours. Please see Phone Call Policy for details.

Finance Charge: A finance charge will be imposed on each item of your account, which has not been paid within (120) days of the time the service was provided. The finance charge will be computed at the rate of one percent (1.5%) per month or an (APR) Annual Percentage Rate of eighteen (18%) percent with a \$2.50 minimum. The finance charge on your account is computed by applying the periodic rate (1.5%) per, month to the "overdue balance" of your account.

Returned Checks: There is a \$25.00 fee for any checks returned by the bank.

Credit balance on Account: If your account has an overpayment by you, we will make every effort to refund this credit to you. If we are unable to reach you by phone or mail, a service charge of your credit amount or \$25.00, which ever is lesser will be added to your account for any credit more than 100 days old. Please notify us if your address or phone number changes.

Charge for Disability Forms: There is a \$12.50 charge for filling out disability forms.

Thank you,

Salem Women's Clinic Billing Department