



## Clackamas & Oregon Pediatrics

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## FINANCIAL POLICY

Thank you for choosing Clackamas & Oregon Pediatrics for your pediatric health care needs. Our goal is to provide the highest quality medical services to our patients at a reasonable cost. If you have any questions or concerns about our financial policy, please contact an account representative at: **(503) 427-2118** Monday through Friday 9:00 AM - 5:00 PM.

- If you have insurance, please be prepared to present your insurance card at each visit. We are happy to submit a bill to all major carriers as well as most secondary carriers when all necessary information has been provided to us.
- Your coverage and benefit package are an arrangement between you and your insurance carrier. You are responsible to be aware of your benefits and to contact your carrier directly if questions arise regarding specific benefits and/or limitations of your plan. We are happy to assist whenever possible regarding general insurance benefit questions.
- Any reference our practitioners or staff may make regarding how insurance may pay for service(s) is an estimation only. We cannot, and do not, quote or guarantee insurance benefits. Regardless of insurance coverage, all services provided are the financial responsibility of the patient or the parent(s)/guardian(s) of the patient.
- Uninsured patients will be provided a Good Faith Estimate (GFE) prior to their appointment.
- We are able to bill auto insurance relating to motor vehicle accidents if provided with insurance information prior to services rendered.
- We offer a "Prompt Pay" discount on professional services when the deposit is paid in full at the time of service.
- All balances are due within 30 days from date-of-service. If you are unable to pay your balance, please contact our office to set up a payment arrangement for regular monthly payments. You may pay with cash, personal check, money order, credit card, or bank debit card. Payments can be made at the office, by mail, by phone or through our online payment portal at [www.oregonpediatrics.com](http://www.oregonpediatrics.com).
- Invoices for services rendered shall be provided to the designated financially responsible parent/guardian. This is usually the parent/guardian that is the primary caregiver. In Oregon both parents are entitled to access their child's healthcare information and are equally responsible for healthcare expenses unless legal judgment stipulates otherwise. Except as required by law, Clackamas & Oregon Pediatrics will not be party to nor arbitrate financial disputes between parents.
- Accounts may be assigned to an outside collection agency and reported to the credit bureaus when personal balance is over 120 days old and/or payment arrangements are missed. Patients whose account have been assigned to outside collections may be subject to dismissal.

### Possible Additional Charges:

- 1.5% Monthly Finance Charge. (18% APR) added to accounts with personal balance over 90 days old, including those for which a payment arrangement (PA) has been established.
- \$15 – Copay Billing. Added to account when a copay is not paid on the date of service before the clinic closes.
- \$25 – Returned check. Added to accounts for which check payment is not honored by the bank.
- \$50 – No Show (Medical practitioner). Applies when the patient does not keep a scheduled appointment. To avoid this charge, cancel anytime up to appointment time when you are not able to keep your appointment with a medical practitioner.
- \$75 – No Show (Behavioral Health practitioner). Applies when the patient does not keep a scheduled appointment. To avoid this charge, call **24 hours in advance** when you are not able to keep your appointment with a behavioral health practitioner.
- 35% – Collection. A charge equal to 35% of the outstanding balance will be added to accounts assigned to an outside collection agency.