PORTLAND FAMILY PRACTICE, INC.
FINANCIAL POLICY

GUARANTORS: PLEASE READ AND SIGN

In order to effectively bill and collect on charges incurred at Portland Family Practice, Inc., we require all patients to read and sign this financial policy. By signing this document, you agree to adhere to the policies detailed herein. The purpose of these guidelines is to clarify standards and expectations for both the office and the patients. Thank you for your cooperation.

- As a courtesy to our patients, Portland Family Practice, Inc will bill on behalf of our patients to all health plans with which Portland Family Practice, Inc. is contracted. Due to rapidly changing coverage issues and identification numbers, as well as to ensure correct billing, a current insurance card is required to be presented at each visit. If the patient/guarantor is unable to provide current, verifiable insurance information at check-in, the services will be considered self-pay and the guarantor will be responsible for the entire bill. If the information is not provided in a timely manner and Portland Family Practice, Inc. is unable to bill for the charges within the time limits set by the insurance companies, the balance will become the guarantor's responsibility.
- Portland Family Practice, Inc. bills all claims; however, Portland Family Practice, Inc. is not contracted with every insurance company. It is the patient/guarantor's responsibility to verify with the insurance company whether or not Portland Family Practice, Inc. is contracted and to be aware of specific benefit exclusions or limitations. Some examples of non-contracted companies include OHP-Providence Health Assurance, HealthNet Medicare Advantage, and PacifiCare. All out-of-network and non-covered charges will be the liability of the patient/guarantor.
- All co-payments are part of the contractual agreement with insurance companies and are required in full at time of service.
- Portland Family Practice, Inc. bills all Workers' Compensation, MVA and other liability claims as a courtesy to our patients. Prior to the appointment, proof of a filed claim including the insurance name, adjustor's name and claim number is required.
- Account balances are due within 30 days of the first statement. If you are unable to pay the balance in full within 30 days, please contact our Business Office to make payment arrangements. If additional charges are added to the balance, new payment arrangements will need to be made. Delinquent accounts more than 60 days past due with no payments and/or defaulted payment arrangements are subject to review, possible collection action and dismissal from the practice.
- Patients/guarantors who have no insurance, have claimed bankruptcy, or have had their balances written off to bad debt will be asked to make a $50 deposit for all visits.
- Portland Family Practice, Inc. charges a fee of $28.50 on all returned checks. After two returned checks within a six month period, we will only accept cash/credit/debit/money order only method of payment.
- Patients who are self-pay will receive a 20% discount on clinic charges if paid for in full at the time of the visit. Uninsured children qualify to receive immunizations free of charge through the Vaccines for Children (VFC) program. Vaccinations given through this program will still be subject to an administration fee for each vaccine.
- Effective October 2007, patients who are unable to keep their appointment are required to call our cancelation line (503.233.1068) at least 24 hours in advance of their appointment time to notify our schedulers. Patients who consistently fail to provide 24 hour cancelation notice and/or do not show for scheduled appointments with Portland Family Practice physicians and/or staff will be charged a $25.00 missed appointment fee per missed appointment and may be dismissed from the practice.
- Additionally by signing this form, the patient agrees that PFP can access and review external prescription history.

I hereby agree to all policies listed and accept financial responsibility as guarantor for the services presented for at Portland Family Practice, Inc. Additionally, I authorize Portland Family Practice, Inc. to release the patient/guarantor's SSN when required for claim/account resolution.

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Patient/Guarantor Signature/ DATE

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Printed Name

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Child(ren) [if applicable]