

# *Eugene Rheumatology*

## PATIENT FINANCIAL AND CANCELATION POLICY

Thank you for choosing Eugene Rheumatology as your health care provider. We are committed to building a successful physician-patient relationship. Your clear understanding of our Patient Financial Policy is important to our professional relationship, and payment for services is a part of that relationship. Please contact our business office if you have any questions about our fees, our policies, or your responsibilities: **541-687-0816**.

### PROFESSIONAL FEES

Eugene Rheumatology will assess a fee for each professional service provided by your provider. Radiology and lab services completed within our office and reviewed by our physicians, will be billed separately from your office visit. If a specimen is sent to an external laboratory, that lab will assess a separate charge for preparation and interpretation of the specimen. If you request records from services provided in our office, a separate charge may be incurred.

### CANCELED APPOINTMENTS

If it is necessary to cancel or reschedule an appointment, you must do so at least **48 business hours** prior to your scheduled visit. If you fail to appear for an appointment or fail to provide at least 48 business hours' notice, you may be assessed a \$50 cancellation fee. To cancel an appointment, please call our office between 8:00 am and 4:00 pm at 541-687-0816.

**Press option 6 for appointments with Sarah Cassell, MD.**  
**Press option 8 for appointments with Shirree Eberhart PA.**  
**Alternatively, press option 1 to speak with the front office.**  
Please have your calendar ready so we can give you the next available appointment date. If you are going to be late for an appointment, please contact us immediately. *If you are more than 15 minutes late, we may elect to reschedule your appointment and/or assess a cancellation fee.* Patients who are routinely late or fail to appear for an appointment may be discharged from the practice.

### INSURANCE

It is very important to provide our office with accurate, up-to-date insurance information. The amounts your insurance carrier pay toward your medical care depend on your individual policy. Our office is not responsible for collecting insurance monies or negotiating a settlement of a disputed claim. It is your responsibility to check your policy and contact your insurance company for questions regarding your coverage.

We are participating providers with most insurance carriers, including Medicare, and as a courtesy to you, we will bill most primary and secondary insurance plans. You will be

responsible for any deductibles that have not yet been met, any coinsurance and/or copays that apply and any service that is not covered. Many patients are enrolled in managed care products. For us to obtain referrals and/or pre-authorizations for procedures, it is very important that we have your most current information.

### COPAYS

Please bring your most current insurance card(s) with you to each visit. All copayments and past due balances are due at the time of check-in.

### PAYMENTS

All accounts are due in full upon receipt of your first statement. Payments are accepted in the form of cash, check and/or credit card. We do, however, understand that financial circumstances vary from patient to patient, and therefore you must contact our business office if you are having trouble keeping your account current. If we have not received a payment or heard from you within 45 days of your statement going out, your account will be considered delinquent and will be forwarded to our Business Manager for review and possible collection action.

### SELF PAY PATIENTS

If an insurance company will not be billed, you have the right to receive a good faith estimate for the total expected cost of any non-emergency items or service. If you receive a bill that is at least \$400 more than your good faith estimate, you can dispute the bill by calling our Business Office at 541-687-0816. To obtain additional information or file a formal complaint call 1-800-885-3059. A deposit is required at time of service. If the deposit is not received within the timeframe requested, your appointment will be canceled.

### RETURNED CHECKS & REFUNDS

Your account will be charged a service fee of \$25.00 for each check returned by the bank. No refunds will be issued on your account for less than \$5.00.

Fees are subject to change without notice at the Practice's discretion. I understand and agree that regardless of my insurance status, I am ultimately responsible for the cost of any professional services rendered. I have read the above Patient Financial Policy and have provided the Practice with true and correct insurance information.

Print Patient Name

Signature of Responsible Party

Date