



Southern Oregon Internal Medicine
A Rogue Valley Physicians, P.C. Clinic

Financial Policy

Patient Name: _____ **Date of Birth:** _____

Thank you for choosing Southern Oregon Internal Medicine for your health care needs. The following is a statement of our Financial Policy, which we require you to read and sign prior to your visit with us. Please be sure to complete both pages.

REGARDING YOUR INSURANCE

It is not possible for a medical practice to become familiar with the details of every health insurance plan it encounters. It is the patient's responsibility to understand what their insurance covers, what it does not, and how much of the cost of services will be the patient's responsibility. We will submit insurance claims on behalf of our patients with insurance and will assist you in every way possible to obtain your maximum insurance benefits. However, you are responsible for our charges. We ask that you pay any deductible, co-pay, and balance owed at the time of service. Please remember that we can only estimate the amount an insurance company will pay, as payments are based on their fee schedule. Their fee schedules may differ from our charges. While we will do everything possible to help you obtain your maximum allowable insurance benefits, the insurance contract is between you and your insurance company and does not replace your responsibility for your account. If your insurance company has not paid your claim within 45 days, we will ask you to pay the balance in full. We will not be calling your insurance prior to your visit to verify your coverage.

SECONDARY INSURANCE

Having more than one insurer does not necessarily mean that your services are covered at 100%. We may bill your secondary carrier as a courtesy. You are responsible for any balance after insurance(s) have cleared.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best care for our patients, and we charge at the usual and customary rate for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Continued...

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FOR PATIENTS WITHOUT INSURANCE

We ask that our patients without insurance pay at least ½ of their charges at the time of service. The remaining balance must be paid in 2 equal monthly payments. Special arrangements may be made with the advance approval of the billing department. Please let the receptionist know if you need to speak to our billing staff.

OREGON HEALTH PLAN PATIENTS

If you are an Oregon Health Plan/Medical Card patient, we require that you show your current medical card before each visit and that you are currently assigned to the appropriate physician. We will reschedule your appointment if you fail to comply with this policy and do not present your current card. We are unable to contact your insurance before your visit to verify your coverage.

SERVICE CHARGES

A \$25.00 fee will be assessed to your account for any returned check due to insufficient funds. A \$50.00 fee may be assessed to your account for a missed appointment.

An administrative flat fee of \$25.00 will be charged for non-clinical paperwork (such as disability, FMLA, or insurance forms) submitted without a visit. Payment is due upon completion of the forms.

WE ACCEPT PERSONAL CHECKS, MONEY ORDERS, VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER, AND CASH

Thank you for your attention to our financial policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy. I understand and agree to the terms of this Policy. In addition, I authorize Southern Oregon Internal Medicine to release any medical information necessary to process a claim. I hereby authorize Rogue Valley Physicians, PC, to receive all payments due from my insurance company. I understand that I am financially responsible for the charges, and should it become necessary to collect monies in court, all court costs and attorney fees are the responsibility of the patient.

Patient (or Legal Guardian) Signature

Date

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