

Mountainview Family Practice

Financial Policy

The following disclosures are made in compliance with the Federal Truth in Lending Law. Mountainview Family Practice will extend credit to a patient with the understanding that:

Insurance: It is the *responsibility of the patient* to know what is covered and excluded from his/her plan. You will be asked to *present your insurance card at each visit*. If this information is not provided, the balance will be the patient's responsibility. We ask that *you pay your co-payment at the time of service*. If this payment is not made by closing of the next business day a charge of \$10.00 may be assessed. We accept all payments made from the insurance. If there is overpayment made from either the patient or insurance, there will be a refund generated.

Secondary Insurance: We will submit claims to your secondary insurance as a courtesy. You are responsible for any balance after all insurance have been billed.

Usual and Customary Rates: Our practice is committed to providing the best treatment for our patients and we charge what is considered usual and customary for our area.

Private Pay/No Insurance: We ask that our patients without insurance pay in full at the time of service. We offer a 25% discount if payment is applied on the day the visit occurred. All charges are due and payable within 30 days from the date of the closing statement. If there is no payment made at that time, the patient has 90 days to pay off the debt until a monthly interest of 1.5% is charged.

Payment Plans: We allow patients to pay a monthly payment as low as \$20.00 on any outstanding balance. If payments are not made on time it may be turned over to our current credit agency for collections.

Accident Insurance: If made available to our office, we will bill your accident insurance for both work and motor vehicle injuries. The patient is responsible for supplying the office with this information. If none is available, the patient is ultimately responsible for his/her charges.

Parent/child: The adult accompanying the child is responsible for payment at the time of service including co-payments. The parent/guardian with whom the child resides is the person who will be billed for services rendered. We will not be involved in mediating financial arrangements between parents/guardians. Also, this office is not a party to your divorce decree and the responsibility for minors rests with the accompanying adult.

Service Charges: We reserve the right to apply a finance charge in the amount of 1.5% per month or 18% annually to all account balances over 90 days old as allowed by Oregon Law. A fee of \$25.00 will be assessed to your account for any checks returned by the bank. \$5.00 will be charged to the patient for forms filled out by the physician. This amount is not billable to the patient's insurance and must be paid by the patient. If your account balance is sent to our current credit agency for collections, 20% of the balance up to \$100.00 will be charged. For any appointment missed without cancellation or reschedule a charge of \$25.00 will be applied.

Collection Balances: If the balance owed has been forwarded to our current credit agency for collections you must contact that office to make payment arrangements. You will be dismissed from the practice if any balance is sent to our collection agency more than once.

WE ACCEPT: ***Personal checks, money orders, Visa, Mastercard and cash.***
Thank you for understanding our Financial Policy and continuing business with us.

I have read, understand and agree to the Financial Policy for Mountainview Family Practice:

Signature of Patient or Responsible Party

Date _____

This financial policy is effective as of 10/1/2009