

South Tabor Family Physicians LLP

Financial Policy

Please Print Patient Name: _____ Date of Birth: _____

INSURED PATIENTS - You are expected to pay the co-payment set by your insurance company when checking in for your appointment. We reserve the right to reschedule your appointment if you are unable to pay your co-payment. There is a \$15.00 charge for failure to pay your co-payment at check-in. You are financially responsible for all charges whether or not they are covered by your insurance. You are responsible for providing the physician's office with up to date insurance information and your personal billing information. Please notify us immediately of any changes with your insurance coverage. Your insurance policy is a contract between you and your insurance carrier; South Tabor Family Physicians LLP is not a party to that contract. While we understand that you may not always agree with payment decisions made by your insurance, this does not change your obligation to pay any balance remaining after your insurance has processed your claims. Please contact your insurance carrier if you have questions regarding payment or denial of your claim.

UNINSURED PATIENTS will be expected to pay a deposit at check-in. This is a deposit toward the total fees which are determined after the coding department has reviewed the Provider's dictation. You will be billed for any remaining balance or refunded for any overpayment.

MOTOR VEHICLE APPOINTMENTS - We will collect a deposit at the initial motor vehicle injury appointment and you will need to provide the motor vehicle insurance billing/claim information. We will bill motor vehicle appointment(s) after verification of claim and confirmation that all the paperwork is completed and returned.

LIABILITY CLAIMS – We do not bill Third Party Liability claims as proceeds are paid directly to the injured person. We will provide you with any billing information required but expect payment at the time services are provided regardless of claim status.

STATEMENTS are sent when you accrue a personal balance, and payment is due upon receipt. There is a 1.5% per month (18% APR) finance charge on any account with a personal balance that has not been paid in full within 30 days from the date of the statement. If it becomes necessary to turn your account over to an outside collection agency, a non-negotiable fee of \$100.00 will be added to the account balance. This will ensure that our responsible patients are not penalized to cover costs incurred by those who do not pay on time. If you wish to set up a payment plan with us please contact our Business Office at 503-261-7210.

You may pay with cash, personal check, money order, Visa, MasterCard, Discover, American Express or a bank debit card. Our Business Office is available to discuss your balance if you need to make payment arrangements.

RETURNED CHECKS – A \$25 fee is charged for checks that are returned unpaid by your bank.

FORM COMPLETION – There is a minimum charge of \$25 per item for completing forms requested by the patient. This includes but is not limited to supplemental insurance, disability and FMLA paperwork.

We have found it necessary to initiate a \$50 charge for missed appointments or those not cancelled 24 hours in advance of the scheduled appointment time. We encourage people to give us the courtesy of calling and cancelling an appointment they cannot keep so that we may offer that time to a patient on our waiting list.

I understand insurance coverage is a relationship between the insured and their insurance company and I agree to accept financial responsibility for payment of charges incurred. In the event of no-payment, I will bear the cost of collection and or court costs and reasonable legal fees should they be required. I understand that I may be billed for missed appointments, late co-pay fees, returned check fees and finance charges. Responsibility for payment of treatment related to work injuries shall be governed by applicable laws.

Signature: _____ Date: _____
(Patient, Parent or Authorized Representative)

Relationship: _____