

## CREDIT POLICY/ASSIGNMENT OF BENEFITS

### **Patient responsibility:**

Patients are responsible for all charges resulting from services provided by Cascade Women's Health, P.C. If insured, it is you, the patient's responsibility to know your insurance coverage and check with your insurance in advance of your appointment to be sure that CWH is in-plan with your network. We encourage every patient to know and understand your policy. Please be aware that some of the treatment plans and office visits may not be covered by your insurance. If you have any questions regarding coverage, please call your insurance company directly **before** your visit.

As a service to you, we will bill most insurance carriers directly. However, primary responsibility for the account is yours. Payment will be due within 30 days of the first billing, unless financial arrangements have been made. A late fee of **\$10.00** after 60 days will be applied to any overdue balance. A **\$50.00** charge will be added to any unpaid balance that is sent from our billing department to an outside collection agency. Please note, we are willing to work with you to create a plan of regular monthly payments if necessary.

**Copays** are due at time of service. We collect from patients whose cards clearly state amount to be collected. We accept cash, check, Visa, MasterCard and Discover. We are a specialist office and will collect specialist copays for all visits other than routine.

**Minors:** The undersigned agrees to be responsible for any and all balances for services rendered to the minor patient.

**In-office procedures:** We will call your insurance carrier to check benefits on procedures prior to your appointment. We require a deposit of **\$150.00** for these services **at time of service** unless other payment arrangements have been made. If your insurance covers these services at 100%, no deposit will be required. If the amount due, according to your insurance benefit, is less than \$150, we will collect stated amount. If there is a balance due beyond \$150, you will be billed. If necessary, payment arrangements can be made prior to your appointment by calling our billing department at 503-274-9936 x16 or 19.

**\*Please note:** We do our best at time of service to calculate the exact amount owed for services rendered according to established medical codes and information provided by you and your insurance company. On rare occasion, mistakes are made that once corrected may result in further billing or in the case of overpayment by a patient, a refund due. We review patient accounts monthly and in the case of overpayment, send patient refunds out on the last day of each month.

### **Self Pay Patients:**

**New patients without insurance:** A minimum deposit of **\$150.00** will be collected at time of visit. The patient or responsible party will then be billed for any balance owing from that visit. All private pay patients will receive a 20% discount on total charges. If the patient is able to pay in-full at time of service, the patient will receive a 5% Prompt Pay discount.

**Established patients without insurance:** A minimum deposit of **\$75.00** will be collected at time of visit. The patient or responsible party will then be billed for any balance owing from that visit. All private pay patients will receive a 20% discount on total charges. If the patient is able to pay in-full at time of service, the patient will receive a 5% Prompt Pay discount.

### **Insurance Billings:**

Providing correct insurance information is your responsibility. As a courtesy to you, we will bill your primary insurance company. You will need to bring your current insurance card with you to every appointment.

### **Referrals:**

If you are required by your insurance company to obtain a referral or prior authorization, it is your responsibility to get one prior to your appointment.

### **Outside Scheduling:**

As a service to you, we schedule appointments outside of our office for labs, ultrasounds and surgeries. It is the patient's responsibility to know which facility is in-plan with your benefits and to let the front desk know. An out-of-plan facility can lead to reduction in your benefits and an increase in cost for you. All outside services are billed directly by those services, not CWH. Questions related to bills for outside services should be made directly to those entities (labs, ultrasounds and hospitals).

### **Returned check fee:**

It is our clinic's policy to charge all patients a **\$35.00** fee for checks that are returned unpaid by the bank.

**I hereby authorize Cascade Women's Health, P.C. to release any medical information necessary to process claims with any insurance companies. I also assign Cascade Women's Health, P.C. all payments I am entitled for medical and surgical expenses related to the services reported herewith. I understand that I am financially responsible for all charges whether covered by insurance or not. I also understand that balances outstanding for more then 90 days will be subject to a processing fee.**

**I have read and received a copy of the credit policy for Cascade Women's Health, P.C. I accept this policy for services rendered by Cascade Women's Health P.C.**

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

(or guardian if the patient is a minor )