

Gastroenterology
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FINANCIAL POLICY

PATIENT REFERRALS

Many HMO plans and other insurance companies require referrals from your primary physician prior to our treating you. **IT IS YOUR RESPONSIBILITY TO OBTAIN THIS REFERRAL.** Please bring it to our attention if you need to have a referral. If you fail to bring this to our attention and treatment is administered without a referral from your primary physician, you will be responsible for the cost of that treatment should your insurance company deny the claim.

NO INSURANCE

If you do not have health insurance coverage, we ask that you make a \$200.00 deposit today. For any procedures that will need to be scheduled, there will be a \$400.00 deposit required at time of scheduling. Payment arrangements can be made for the balance.

INSURANCE BILLING

We will bill your primary and secondary insurance. You are responsible for the payment of your account regardless of the status of your insurance. Co-payments are due at the time of service. It is your responsibility to notify this office of any changes in your insurance carrier or coverage.

MEDICARE

Medicare will not pay your charges in full. We do accept Medicare assignment and will write off a portion of our bill as directed by Medicare when they make a payment. The remaining balance is billed to a secondary insurance or to you the patient.

PAYMENT ARRANGEMENTS

Payment arrangements are available. You may contact the billing department to set up a payment plan. Accounts 90 days past due will have a fee of \$25.00 a month and may be referred for collection. **There will be a \$25.00 fee for returned checks.**

APPOINTMENT CANCELLATIONS

If you are unable to keep a scheduled office appointment, please phone our office prior to 24 hours of your appointment time. If you are unable to keep a scheduled procedure appointment, please call our office prior to 48 hours of your appointment time. **There will be a \$50.00 charge for all no-show and/or appointment cancellations with less than 24 hours notice. There will be a \$200.00 charge for all no-show and/or appointment cancellations for scheduled procedures at Tuality Community Hospital with less than 48 hours notice.** *Please note that we place appointment reminder calls as a courtesy, if you do not receive a reminder call prior to your appointment, the missed appointment fee still applies.*

I, _____, Date of Birth: ____/____/____,
(Print Name)

HAVE READ AND UNDERSTAND THE ABOVE FINANCIAL POLICY

Signature _____ Date: _____

Effective as of 07/01/2011