

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 your, 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. Please note, we are very willing to work with you to create a plan of regular monthly payments if that would be helpful to you.

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

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

Self-Pay Patients:

New patients without insurance: A minimum deposit of **\$150.00** will be collected at the 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 25% discount on total charges.

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 25% discount on total charges.

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. Please call 503.274.9936 x-109 for billing questions. Please leave a detailed message.

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 will sometimes schedule appointments outside of our office for labs and imaging. It is the patient's responsibility to know which facility is in-plan with your benefits and to let us know. An out-of-plan facility can lead to a 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, imaging, and hospitals).

No Show/Late Cancellation Fee: Your appointment time is reserved just for you. A late cancellation or missed visit/no show leaves a hole in the practitioner's day that could have been filled by another patient. As such, we require 24-hour notice for any cancellations or changes to your appointment. **Patients who provide less than a 24-hour notice, or miss their appointment, will be charged a \$50 cancellation fee.**

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 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 than 90 days (and not set up in a payment plan) may be sent to an outside agency for collection.

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 signature if the patient is a minor)

9/9/2024