

Welcome to Central Oregon Family Medicine
645 N.W. 4th, P.O. Box 460
Redmond OR 97756
(541) 923-0119

Financial Agreement

Self-Payment – If you do not have insurance coverage or choose to bill your insurance directly, Central Oregon Family Medicine requests payment in full at the time of service, unless payment arrangements have been made, in advance, with our billing staff.

Insurance – Either as a courtesy or mandated by law, Central Oregon Family Medicine will submit claims to your Insurance carrier(s) (**primary and/or secondary will be billed one time ONLY**). In order to do so we need the following from you:

- 1. Verification of insurance coverage. You will be asked to provide your insurance card at the time of service or to provide a copy of the card, front and back, within 24 hours of service. After that time, the patient will be responsible for billing the insurance company. _____ Initials**
- 2. Timely notification and verification of any change in coverage or carrier is the patient responsibility. Unless mandated by law, we bill insurance as a courtesy; ultimately, you are responsible for all charges. _____ Initials**

CO-PAYS and DEDUCTIBLES – In accordance with insurance carrier agreements, **co-pays and deductibles** are due at the time of service. We accept cash, local checks, debit cards, VISA and Mastercard.

BALANCE BILLING - You may receive a balance due statement following our receipt of insurance payment. It is our expectation that you will pay the remaining balance within 30 days. If for any reason you do not agree with the billing or it is not possible to pay in full within that time, please contact our billing department. Should your account be placed with a collection agency, you will be placed on a **CASH BASIS ONLY**, and will have to bill your own insurance company. A check returned for NSF (non-sufficient funds) will result in a \$25.00 charge being added to your account.

Our office will charge \$50 fee for no shows on scheduled appointments.
_____ Initials

Date

Signature of Patient or Responsible Party