

# WOMEN'S HEALTH CARE

Obstetrics & Gynecology

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2700 SE Stratus Ave., Suite 405  
McMinnville, Oregon 97128

## OFFICE FINANCIAL POLICY

In our continued commitment to provide quality health care and to offer affordable services, we are pleased to offer the following financial alternatives. With this policy, our intent is to have your account balance **no older than 60 days**. Payment in full is requested for any account balance over 60 days.

- Medicare  
I acknowledge that I am financially responsible for any non-covered services under Medicare guidelines, as well as my 20% co-pay and any amounts applied to my yearly Medicare deductible.
- Managed Care Health Insurance Company Co-Pay Required  
If you pay only a co-pay under a contractual agreement, that co-pay amount is all that is required at the time of service. **If we have to bill you for the co-pay, a handling fee of \$7.00 may be added.** If your insurance requires a referral from your primary care physician and we do not have the referral numbers in place prior to your appointment, we will require that you sign a waiver prior to being seen. This waiver states that you will pay for the services rendered. We may ask that you pay at the time of service.
- Health Insurance - Deductible Has Not Been Met  
If your deductible has not been met, we ask that you pay at the time of service. We will still bill your insurance company for you.
- Health Insurance - Deductible Has Been Met  
If your account balance is zero, no payment is required and we will bill your insurance company. If payment is not received from your insurance company within 60 days, we will then look to you for payment of the entire balance. A refund will be issued to you once payment has been received from your insurance company.
- Motor Vehicle Accident Insurance  
All billing information must be provided at the time of service, i.e., billing address, claim number, etc.
- No Health Insurance  
We ask that you pay at the time of service. We offer a discount for payment at the time of service. Payment arrangements can be made with our billing office.

### **PAYMENT OPTIONS:**

- Cash, Check or Credit Card  
We offer a discount for payment at the time of service for patients without insurance.
- Monthly Payment Plan  
A monthly payment plan can be arranged with our billing office. For balances less than \$200.00, a minimum payment of \$25.00 per month is expected. For balances greater than \$200.00, 10% of the amount due or \$25.00 per month, whichever is greater, is required. **There is a \$5.00 re-billing fee added to all balances over 60 days.**

I understand the financial policy of this office and that regardless of insurance, I am ultimately responsible for payment of my account. I will observe the policies as outlined above. **IF PATIENT IS A MINOR, PARENT OR GUARDIAN MUST SIGN.**

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date