



FINANCIAL POLICY

CASCADE PHYSICIANS, P.C.

19250 S.W. 65TH AVENUE • SUITE 110 • TUALATIN, OREGON 97062

2222 N.W. LOVEJOY • SUITE 505 • PORTLAND, OREGON 97210

501 N. GRAHAM • SUITE 100 • PORTLAND, OREGON 97227

- Full payment is required at the time of service for all co-payments, deductibles and services not covered by insurance.
- A \$15 handling fee is added to co-payments not paid at the time of service
- It is the responsibility of patients to keep their medical record updated with current address and insurance information so that billing can be done in a timely manner. Some insurance companies require claims be submitted within 30-60 days and if new insurance coverage is not provided prior to services, it will not be possible for us to bill or collect from your insurance carrier. We will bill your insurance as a courtesy to you, however you are responsible directly to Cascade Physicians for payment of your account if there is a problem with your insurance.
- If payment is not made within 60 days by your insurance company, Cascade Physicians will require payment from you. Payments received from your insurance after you have paid will be promptly returned to you.
- If you are unable to pay in full your responsibility at the time of service, you may choose to arrange a payment plan. Please talk to one of our customer service representatives in the bookkeeping department (503-242-9814) to arrange a plan. Payment plans may not be extended to patients who have failed to make timely payments in the past.
- Accounts that are 60 days old will be considered delinquent. A finance charge of \$5/mo. may be added to cover the cost of additional handling.
- We currently accept assignment on Medicare, although we are unable to accept new traditional Medicare patients at this time.
- Checks returned by your bank will be subject to a \$25 service fee.
- There will be a charge for all missed or broken appointments that have not been cancelled with at least 24 hours notice. The fee assessed will be determined by the length of the appointment time saved for you.
- I authorize the release of any medical information necessary to process my insurance claim. I authorize payment of medical benefits to Cascade Physicians, P.C. I understand that I am financially responsible for all charges not covered by my insurance.

I understand and accept the Cascade Physicians payment policy.

Patient Signature

Date

Witness Signature