

HAND AND ARM THERAPY OF CENTRAL OREGON, INC.

FINANCIAL POLICY

We are committed to providing you with the best possible medical and patient support care. If you have medical insurance, we will try to help you receive your maximum allowable benefits. Please read the following, and complete the enclosed forms.

PAYMENT FOR SERVICES is due at the time services are rendered or upon receipt of patient billing statement. In order to expedite this payment we accept cash, personal checks and accept MASTERCARD or VISA.

- INSURANCE: For many of you, your insurance is a contract between you and your employer or an insurance company, and we are not a party to that contract. For some of you, we are under contract with your employer or insurance company. For those patients whose plans list or accept Hand and Arm Therapy of Central Oregon, Inc. as a contract provider, we will submit the appropriate claim to your carrier. AFTER our office has received payment from your insurance company and all appropriate adjustments have been made, YOUR remaining balance will be billed to you and is then due and payable upon receipt of the bill. Please note patient is responsible for any collection costs & attorney fees if account is turned over to collections. Be advised our services may be Out of Network for your policy which could result in you having to meet an additional deductible. We will verify only that we can treat you. This is no guarantee of benefit. Please refer any questions requiring your policy deductibles and co-pay to your insurance company.
- MEDICARE PATIENTS: For those patients who are covered by Medicare, we will comply with the law requiring physicians' offices to process insurance forms.
- WORK COMP & AUTO CLAIMS: Hand and Arm Therapy of Central Oregon, Inc. will submit the appropriate claim to your carrier. If your claim is denied or if it is in dispute, we will bill your regular medical insurance carrier for the cost of your care, excluding any applicable deductible or co-payment amounts. If you do not have regular medical insurance you will be personally responsible for the entire balance.
- BE ADVISED LATE FEES OF 1.5% PER MONTH MAY BE APPLIED TO DELAYED PAYMENTS.
- RETURNED CHECKS: There is a \$25 fee for all returned checks
- 24 HOUR CANCELLATION NOTICE: We request 24-hour notice be given for cancelling scheduled appointments. We realize unavoidable emergencies arise, however appointments changed without 24 hour notice do not allow the clinic to effectively fulfill other patients' needs. Therefore, Hand and Arm Therapy of Central Oregon reserves the right to charge your account a \$30 service charge for not canceling within 24 hours and \$50.00 service charge for no-shows. This fee is not covered by your insurance and will be billed to you directly. Continued missed appointments may result in a same day scheduling policy and/or discharge from therapy.

If questions arise, please contact our bookkeeping department for assistance. We consider financial matters important and ask you to bring any concerns to our attention. Thank you for using Hand and Arm Therapy of Central Oregon, Inc. for your care.