

**CLACKAMAS PEDIATRIC CLINIC and OREGON PEDIATRICS**  
**c/o 9290 SE Sunnybrook Blvd., #200, Clackamas, OR 97015, (503) 659-1694**

**CREDIT AND PAYMENT POLICIES**

We are pleased that you have chosen Clackamas Pediatric Clinic and Oregon Pediatrics as your health care provider. Our goal is to provide the highest quality medical services to our patients at a reasonable cost.

- ▶ If you have insurance please be prepared to **present your insurance card at each visit**. We are happy to submit a bill to all major carriers as well as most secondary carriers when all necessary information to do so has been provided to us.
- ▶ Please note that your insurance coverage and benefit package is an arrangement between you and your insurance carrier. You are responsible to be aware of your benefits and to contact your carrier directly when issues arise regarding timely payment of claims, denials, rebilling, contracted providers and other such issues. Many insurance plans have limitations on benefits, especially when it comes to preventative care (well child care &/or vaccinations). Please contact your insurance company directly to discuss your specific benefits and/or limitations. We are happy to assist whenever possible regarding general insurance benefit questions. We do not quote or guarantee insurance benefits. Regardless of insurance coverage, all services provided are the financial responsibility of the patient or the parent(s)/guardian(s) of the patient.
- ▶ Uninsured patients will be expected to pay for services in full at the time of service unless other prior arrangements have been made.
- ▶ We do bill third party payors such as auto insurances relating to motor vehicle accidents if provided with insurance information at time of service.
- ▶ We offer a "Prompt Pay" discount on most care and treatment when paid in full at the time of service.
- ▶ All balances are due within 30 days of receiving service. You may pay with cash, personal check, money order, credit card, or bank debit card. If you are unable to pay in full within 30 days please contact our office to set up a Payment Arrangement (P.A.) for regular monthly payments.
- ▶ Accounts may be assigned to an outside collection agency and reported to the credit bureaus when personal balance is over 120 days old and/or P. A. payments are missed. Patients whose account has been assigned to outside collections are thereafter on a cash basis with no extension of credit for future services and may be subject to dismissal.

Additional Charges:

- 1.5% monthly finance charge (18% APR) added to accounts with personal balance over 90 days old, *including* those for which a payment arrangement has been established.
- \$15 - Copay billing. Added to account if copay not paid at time of service. Non-urgent care may be subject to rescheduling when copay is not paid.
- \$25 - Returned check. Added to accounts for which check payment is not honored by the bank.
- \$50 - No Show. Added to account when the patient does not keep a scheduled appointment and doesn't cancel prior to appointment time.
- \$50 - Collection. Added to accounts assigned to an outside collection agency.

A representative from our business office is available to assist you any way we can. Please come in or call (503) 659-1694 Monday through Thursday, 9am - 4pm and Fridays 9am - noon.

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I have read and received a copy of the Credit & Payment Policy for Clackamas Pediatric Clinic and Oregon Pediatrics. I understand that authorization for treatment constitutes acceptance of the terms of said policy.

I am the parent/guardian of (Patient Name): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Relation to child: \_\_\_\_\_