



Oregon Hearing Solutions

16470 SW Langer Dr. Sherwood, OR 97140 Phone: 503-625-4111 Fax: 503-625-9879

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 ninety days. Payment in full will be required for any account balance over ninety days.

Co-Pay Required

If you pay only a co-payment under a contractual agreement, that co-payment amount is required at the time of service. If we are unable to determine this amount, we will bill you once it has been determined.

Accepted Health Insurance

If you have applicable coverage through one of our accepted plans and we have received all required prior authorizations and/or referrals prior to your appointment, our office will bill your insurance for covered benefits; however, your insurance information must be presented prior to or at the time of service. **All benefits and coverage quotes are best estimates provided to us by your insurance company. These are given as a courtesy and are not a guarantee of payment. Refer to your insurance's customer service number or booklet for questions or details regarding coverage.** Any amount not covered by your insurance is your responsibility and will be billed to you directly. Hearing devices are provided on a best-estimate basis of insurance payment. **If your insurance's allowable payment amount for hearing devices is not compatible with the cost of the equipment you have received and restricts balance billing, your hearing devices will be returned and exchanged for an appropriately corresponding level of equipment.**

Self-Pay

We ask that you pay at the time of service. If you choose to self-pay, you are responsible for charges which may be assessed at a discounted rate. All payment arrangements will be made prior to any testing or other procedures.

No Show Appointment Fee

Appointments canceled with less than a 24 hour notice, no shows, and late arrivals (20+ minutes after appt. time) may be subject to a \$50 no show fee to be pre-paid before any further appointments are made.

Third Party Purchase/Worker's Compensation

We are able to accept patients through certain third party purchase groups and/or worker's compensation companies with whom we are contracted, but only upon receipt of any applicable referrals or authorizations from the group itself. It is the patient's responsibility to obtain any required authorizations for appointments. For details regarding pricing and purchases within third party buying groups, we can only provide limited information and will refer you to the customer service center of the buying group from which you have chosen to purchase. Pricing for consultations, follow-up, and testing vary. All billing information must be provided at the time of service (i.e., billing group, address, claim number, etc).

Collections

Account balances past ninety days due may be subject to collection procedures if no payment plan arrangements have been made.

Monthly Payment Plan

Interest of 1.5% (18% APR) per month will be applied to balances over ninety days past due.

I understand the financial policy of this office and that regardless of my insurance; I am ultimately responsible for payment of my account. I will comply with the policies as outlined above.

Printed Name of Patient

Signature

Date



I approve of Oregon Hearing Solutions, LLC privacy statement.

Signature

Date

*Copy of the HIPAA Privacy documents are provided upon request.