

Patient Name:

DOB:



FINANCIAL POLICY/CONSENT

We are committed to providing our patients and families with outstanding pediatric care. We have a dedicated business office staff to address your billing and insurance questions. Our staff is available by phone Monday – Friday 8am-5pm. For English/Spanish billing inquiries please contact Janet at 503-980-1280.

It is our goal to make sure you receive the maximum financial benefit from your insurance provider and to make sure that your account is handled in the most efficient manner possible. In order to accomplish this goal, it is important that we have your understanding and cooperation to our financial policies.

Account Responsibility: As the parent or guardian of a child registered with WPC, you are agreeing to be responsible for all balances incurred on behalf of your child’s medical care. All balances are due upon receipt of a statement from our office. If you feel your statement is incorrect or you are having financial difficulties, please contact our office within 14 days. If your insurance company denies your claim or does not pay your claim within 45 days, the outstanding balance becomes your responsibility. Please contact us immediately if you are having a dispute with your insurance company or you think your claim has been denied in error.

Payment for Services: Payment in full is due at the time of the service. We accept cash, checks, money orders and all major credit cards as forms of payment. If you are enrolled in an insurance plan in which we participate, we will file your claim for you. Payment in full is expected at the time of service for:

- Copayments (these are required to be paid by your insurance company)
- If we are not contracted with your insurance company
- If uninsured and no payment plan has been set up prior to your visit (see self-pay discount information below)
- If we are unable to verify your insurance eligibility or you have not provided us with a copy of your new insurance

If your account becomes past due we reserve the right to send you to collections and you will be responsible for all collection fees that the practice incurs as a result. We reserve the right to refuse to see any patient that has been sent to collections.

Insurance Coverage: In order to provide your child medical services we are contracted with insurance companies. It is your responsibility to obtain benefit information. We will contact your insurance company to verify eligibility, but we are not responsible for obtaining benefit coverage. Self-pay patients, if paying their bill in full, will receive a 30% discount off of the total amount due. For non-covered services you may be required to sign a waiver.

Administrative Fees: Listed below are services for which we charge an administrative fee. These services are not billed to your insurance company and they are your responsibility.

- Missed appointment fees – We have a 24-hr cancellation policy. If you have repeated appointment cancellations or missed appointments, you may be charged a “Failed Appointment Fee” of \$25.00.
- NSF Checks – If your check is not honored by our bank we will assess an NSF processing fee of \$25.00.
- Medical Records Request – If you need a complete set of your child’s medical records for personal use there is a minimum fee of \$25.00. Copies of your child’s immunization records are provided free of charge.

I agree to pay for any and all medical services my child receives from Woodburn Pediatric Clinic. I understand that if my insurance company refuses to pay, for whatever reason, these fees will become my responsibility. I understand and agree to abide by the above policies.

Signature of Parent/Guardian Assuming Financial Responsibility

Date