Oregon Retina Center

Financial Policies and Procedures

Patient Name_____

Date of Birth _____

Thank you for choosing Oregon Retina Center. We are committed to providing you with the best medical care. Please review a brief explanation of our policies and procedures below. If you require further explanation please don't hesitate to ask. After reading the entire document, please sign below. Your signature constitutes an agreement to the policies and procedures of our practice.

Medicare & Commercial Insurance:
You will need to provide us with your current insurance information. Since we provide medical eye care, we only bill your medical plan and **not** your vision plan. Please bring your insurance cards to all office visits, or the appointment will be rescheduled. Insurance plans have different co-payment and deductible requirements, which vary by plan and often change without our knowledge. It is your responsibility to notify us of any insurance changes. All patients, including those with Medicare coverage, are expected to meet their full co-pay/co-insurance at time of service. Patients who do not pay their co-payments/co-insurance at the time of visit are charged a $10.00 administrative fee, plus an additional $5.00 fee for each statement sent. These charges are not covered by your insurance.

Please note that insurance is a way of reimbursing the patient for fees paid to the doctor. It is not a substitute for payment. Some plans pay fixed allowances for certain procedures and others pay a percentage of charge. It is your responsibility to know the amount of the office co-payment, co-insurance and deductible, and to promptly pay any co-pay, co-insurance, and yearly deductible or other charges not paid by your insurance company.

Oregon Health Plan Patients:
You must present your current OHP card when you check in for your appointment or the appointment will be rescheduled. Without your card information, we cannot receive an authorization for you to be seen.

We offer Care Credit to our patients. You may apply online or pick up an application at our office.If you are unable to pay your balance in full due to high deductibles please contact our office to set up payment plan arrangements. (541-770-2020)

If you are unable to make the minimum payment based on your balance, you may be eligible to apply for financial assistance to reduce your minimum monthly payment.

Balance	$1 - $250	$251- $500	$501 - $1,000.	$1,001. - $3,000.	$3,001. - $5,000	Over $5,001.
Monthly Payment	$85.00	$100	$144.00	$250.00	$275.00	Call our office

Any balances under our minimum monthly payment must put a credit card on file, or send a monthly check due on the 15th of each month. We will not send monthly statements to avoid charging you the statement fee. It is your responsibility to call and check your balance once a month. If you would like us to mail you a monthly statement please add a $5.00 statement fee to your payment. You can request a statement free of charge at our office in person at any time.

There is a $22.00 charge on returned checks (NSF).

All account balances over 180 days past due are transferred to a collection agency. At that point, we are unable to accept payments or make special arrangements. If you need to make a special arrangement, please contact our office before your account is sent to an outside agency.

I authorize the release of any medical information necessary to process all claims.
I authorize the release of payment or medical benefits to my physician.

Thank you again for choosing Oregon Retina Center.

_____ _____

Signature Patient / Responsible Party **Date**