Financial Policy: NOTICE AND AGREEMENT

We are happy to have you as a new patient. As you know, your physician has determined occupational or physical therapy treatments are necessary and appropriate for your condition and has referred you to obtain services. We are glad you have selected our clinic for your care. In many cases, your insurance will pay for part or all of your care (Workers Comp patients, please see below).

We will work with you to ensure your insurance carrier, whether a medical care insurer or a motor vehicle accident insurer, receives all documentation needed to process and pay your claim. However, our relationship is with you as our patient and not with your insurance company. Because you are receiving the services, you have the final responsibility to pay for those services.

If your insurer fails to pay the full amount of our bill for services, after accounting for any applicable deductible amount, co-payment amount or hold-harmless amount, you will be required to pay the difference. Our bill is due in full when received. If you fail to pay in full and we are required to re-bill you after the 15th day of the month following the month you receive your bill.

If you are receiving treatment as the result of a **motor vehicle accident**, you are responsible for paying all costs of treatment not reimbursed by the Personal Injury Protection (PIP) coverage under a motor vehicle insurance policy or other insurance policy. If your motor vehicle accident claim is in dispute and there is no insurance coverage for your treatments, we may agree to accept regular monthly payments on your account.

If you fail to make the agreed upon monthly payment, we may declare the entire amount of the bill due immediately. In some cases, your insurance company may issue payments directly to you. These checks must be endorsed and immediately forwarded to the billing office for processing. Please note that in the event you fail to make payment when due, this account will be referred to a collection agency for collection. In that event, a contingency fee of 40% will be added to the principal and interest due by the collection company. You will be additionally liable for attorney fees. Both collection agency fees and attorney fees will increase the balance you owe.

To Our Worker's Compensation Patients: We understand you have filed, or are in the process of filing, a claim for worker's compensation insurance coverage for your injury and treatment.

If your claim is denied or if it is in dispute, we will bill your regular medical insurance carrier, pursuant to ORS 656.313, for the cost of your care, excluding any applicable deductible or copayment amounts. While your claim is in dispute, you are not required to pay any deductible or copayment to this clinic. Should your claim be in litigation and you later settle your claim and receive a dispute claim settlement, we require payment in full 10 days after disbursement. If your claim is later resolved against you, you are required to pay any deductible or co-payment not covered by your medical insurance.

If you do not have regular medical insurance, you are personally responsible for the cost of treatment. Please let us know if this is the case and we will make a special effort to accommodate your needs. Payments not received by the 15th of the month may be subject to a $3.00 per month re-billing fee. Please note that in the event you fail to make payment when due, this account will be referred to a collection agency for collection. In that event, a contingency feel of 40% will be added to the principal and interest due by the collection company. You will be additionally liable for attorney fees. Both collection agency fees and attorney fees will increase the balance you owe.

Balance Billing Protection Notice

Your Rights and Protections Against Surprise Medical Bills
When you get emergency care or are treated by an out-of-network provider at a health care facility, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?
When you see a health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a healthcare facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care — like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for certain services at an in-network medical facility. If you receive other types of services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

When balance billing is allowed:
Balance billing is allowed when seeking non-emergent care at a healthcare facility that is not in your insurance network.

When balance billing isn't allowed, you also have the following protections:
You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.

If you think you've been wrongly billed please contact the clinic so that we can correct any error. If you are not able to resolve your concern you may contact:
Federal Government
www.cms.gov/nosurprises/consumers
1-800-985-3059

Oregon Division of Financial Regulations
dfr.oregon.gov/insure/Pages/index.aspx
DFR.InsuranceHelp@dcbs.oregon.gov
1-888-877-4894