PORTLAND
URGENT CARE
portlandurgentcare.com
contact@portlandurgentcare.com
fax: 503-719-6829

PORTLAND
WELLNESS CARE
portlandwellnesscare.com
contact@portlandwellnesscare.com
fax: 503-477-9958

4160 NE Sandy Blvd., Portland, Oregon 97212 | 503-249-9000

FINANCIAL POLICY

All charges may not be determined at point of service. If additional charges are identified, we will bill the patient's insurance or the patient if paying privately.

Thank you for choosing us as your healthcare provider. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we will require you to read, initial and sign prior to any treatment. All patients must complete our information and insurance form before seeing the Provider.

* Picture ID is required on all adult patients.
* A $25.00 fee will be added to all returned checks.
* A $15.00 rebilling fee will be added each month to all statements sent out.
* A $100.00 administration fee will be added to any account turned to an outside collection agency for non-payment.

Cash Accounts: Full payment is due at time of visit. We provide a discount for services paid in full at time of service.

Dental Visits: All Dental office visits are $150.00 flat fee, anything above and beyond is subject to additional fees.

Non-Contracted Insurance Companies Or Provider: You must have a valid ID card for your insurance company complete with the billing address. We will be happy to bill your insurance company; however if no payment is received, the balance is your responsibility. Your insurance policy is a contract between you and your insurance company. We are not part of that contract. Please contact your insurance company to see if Portland Urgent Care is a contracted provider. Please be advised Portland Urgent Care may be listed as a contracted clinic with your insurance company but that does not guarantee the Medical Provider that is on duty today is contracted with your insurance company. Our policy is to credential each and every Provider with our contracted insurance companies but because the insurance company has up to 90 days to respond and for other various reasons out of our control, it is not always possible to ensure all of our Providers will be in-network with your insurance company at the time of your visit. We are happy to see you for your medical needs and we will bill your insurance but please be aware that if the Provider is out-of-network, the patient or the patient's guarantor will be held responsible for the non-covered balance. We apologize for any inconvenience this may cause.

Contracted Insurance Companies: As a courtesy we will gladly bill your insurance company for you. All co-payments are due at the time of service. You must have a valid ID card for your insurance company complete with the billing address. In the event your insurance denies service, Portland Urgent Care retains the right to bill you as the responsible party for reimbursement.

Usual And Customary Rates: Portland Urgent Care is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payments of your insurance company's arbitrary determination of usual and customary rates.

Minor Patients: Adults, Parents or Guardians accompanying a minor are responsible for the patient fees incurred at the office visit. For unaccompanied minors under the age of 15, non-emergency treatment will be denied. Unaccompanied minors over 15 years of age will be denied treatment, if prior arrangements have not been made.

We accept cash, check or credit cards.

The signing of this document indicates I, _____, have read and understand the above
(Please print first and last name)
Financial Policy and agree, I will be responsible for any balance owing on my visit today.

Sign: _____ Date: _____

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ACKNOWLEDGEMENT AND CONSENT

I understand that Portland Urgent Care will use and disclose health information about me.

I understand that my health information may include information both created and received by Portland Urgent Care may be in the form of electronic or written records or spoken words, and may include information about my health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, and similar types of health related information.

I understand and agree that Portland Urgent Care may use and disclose my health information in order to:

- make decisions regarding my care and treatment;
- refer to, consult with, coordinate among, and manage along with other health care providers for my care and treatment;
- determine my eligibility for health plan or insurance coverage, submit bills, claims and other related information to insurance companies or others who may be responsible to pay for some or all of my health care; and
- perform various office, administrative and business functions that support my physician's efforts to provide me with, arrange and be reimbursed for quality, cost effective health care.
- send and receive prescription information electronically and verbally from pharmacies

I also understand that I have the right to receive and review a written description of how Portland Urgent Care will handle health information about me. This written description is known as a Notice of Privacy Practices and describes the uses and disclosures of health information, the information practices followed by the employees, staff and other office personnel of Portland Urgent Care and my rights regarding my health information.

I understand that the Notice of Privacy Practices may be revised from time to time, and that I am entitled to receive a copy of any revised Notice of Privacy Practices. I also understand that a copy or a summary of the most current version of Portland Urgent Care's Notice of Privacy Practices is posted in the waiting room/reception area.

I understand that I have the right to ask that some or all of my health information not be used or disclosed in the manner described in the Notice of Privacy Practices, and I understand that Portland Urgent Care is not required by law to agree to such requests.

By signing below, I agree that I have reviewed and understood the information above and that I have received a copy of the Notice of Privacy Practices.

Sign: _____ Date: _____
(Patient)

Sign: _____ Date: _____
(Patient Representative)

Description of Representative's Authority: _____