

Applegate Medical Associates, LLP
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FINANCIAL AGREEMENT

Thank you for trusting Applegate Medical Associates to partner in your healthcare. This financial agreement should answer questions regarding patient and insurance responsibility for services rendered. Please read this agreement, ask us any questions you may have, and sign in the space provided. You will be given a copy of this agreement for your records.

I have received this financial policy, and understand that regardless of any insurance coverage I may have, I am responsible for payment of my account. I understand that delinquent accounts will be referred to a collection service; I agree to pay for all costs and expenses, including reasonable attorney fees. I also acknowledge that I have received a copy of this financial agreement for my records.

Patient Signature

Printed Name

Date

Parent/Guardian Signature

Printed Name

Date

Insurance:

Your insurance coverage is a contract between you and the insurance company, and it's your responsibility to know your insurance benefits.

As a courtesy, we will bill both your primary and secondary insurance companies. We will submit your claims and assist you in any way we reasonably can to help get your claims processed. In order to do this, we must receive all the information necessary to bill. If the information is not supplied, you will be billed, and payment in full will be your responsibility and will be expected within 30 days of receipt of statement.

Medicare:

We participate in the Medicare program. You are responsible for your co-insurance, any deductibles that have not yet been met, and services that are identified as patient responsibility on your Medicare Explanation of benefits. We strive to inform our Medicare patients of services that will not be covered. We may ask you to sign an Advanced Beneficiary Notice, which lists our fee and notifies you of your financial responsibility for certain medical services.

Managed Care:

Many patients are enrolled in Managed Care Products. In order for us to obtain referrals and/or pre-authorizations for procedures, it is important that we have your current insurance information. Depending on individual policies,

your procedure may not be a covered benefit. It is your responsibility to check for optimal coverage and policy limitations, and to obtain referrals as required by your insurance company. Please contact your insurance company with questions regarding your coverage.

Patient Responsibility for Payment:

You are responsible for payment of any co-payment, co-insurance, deductible or service not covered by your insurance, handling, collection or attorney fees. If you do not have insurance, you are responsible for payment of all services. Co-payments are due within 30 days of receipt.

Charges for minor children will be billed to the parent with whom the child resides. We will bill appropriate insurance if all of the required information is provided. We will not bill or contact a non-custodial parent on behalf of the custodial parent.

Deposits:

If insurance co-payment and coverage cannot be verified, patients are required to pay a deposit in the amount of \$75 on or before the first date of service. If payment results in a credit balance, it will be refunded within 30 days.

Payment Options:

We understand that financial circumstances vary from patient to patient. If you are unable to pay your patient due balance in full, you must call our Business Office at (541)868-1876 to make payment arrangements.

We offer a sliding scale program to our uninsured patients; please contact our office for an application to see if you qualify.

Accounts with a patient due balance outstanding over 90 days will be charged a rebilling fee based on the balance due. This fee will be waived if you abide by the terms of your payment agreement.

Non-Payment:

Failure to pay will result in your account being referred to a collection agency, which may affect your credit. You must then contact our collection agency to discuss payment arrangements. Referral to a collection agency, or naming Applegate Medical Associates in a bankruptcy filing, may result in dismissal from our practice.

If we refer your account for legal action, you will be charged a processing fee and any applicable legal fees. Referral to a collection agency will result in a \$50 processing fee. NSF checks will result in a \$25 processing fee.