



Grants Pass Clinic, L.L.P.

Financial Policies

Thank you for choosing Grants Pass Clinic as your healthcare provider. In order to provide our patients with the highest quality of care, it is important we work together to ensure accurate billing and timely payment for the services we provide.

If you need assistance or have billing questions, please contact our Business Office at 541-472-5580.

The following are our financial policies and we require you read and sign this agreement prior to any treatment.

Payment Options - Our office accepts check, cash, Visa, MasterCard, or Discover. There will be a \$25.00 fee for all returned checks.

Insurance - Grants Pass Clinic currently participates with the following commercial plans:

Aetna	Pacific Source Health Plans
Cigna	Partners Direct Health LLC
First Choice Health Network	Providence Health Plan
Health Net	Regence BlueCross BlueShield
Moda Health	United Healthcare

It is your responsibility to confirm benefits directly with your insurance carrier. If your insurance is not listed above, as a convenience, we will make reasonable effort to file your claim to your insurance company. There are some non-participating insurances we are not able to submit a claim. We expect payment from your insurance within ninety days; remaining balances at that time may be transferred to your personal account and considered due and payable in full. It is your responsibility to make sure we have accurate insurance information. If a claim is unsuccessful because of invalid insurance information, or in situations where you have not reported your insurance change and it ultimately results in an unpaid claim due to insurance timely filing, you will be responsible for the balance.

Self-Pay - Self-pay accounts are patients without insurance coverage or patients covered by insurance plans in which our office does not participate. A minimum of \$150 payment for patients is due prior to treatment from self-pay patients.

Copayments and Non-covered Services – Be prepared to pay your copay at check in. All non-covered services are due at the time of service.

Other Services – Not all services and supplies are available on a credit basis and may require all or partial payment in advance. If it applies to you, you will receive a separate payment policy.

Authorization - If your insurance plan is out of network and requires a referral or treatment authorization from a primary care physician, it is ultimately your responsibility, as the patient, to ensure the proper referral has been obtained. Any treatment without the necessary referral may result in a denial of payment by the insurance company, which could make payment for all charges your responsibility.

Payment Arrangements - Financial arrangements may be extended upon approval by the billing office. The minimum monthly payment is 10% of the account balance due, or \$25.00, whichever is greater. Monthly payments are in addition to co-pays you may incur on future appointments. We partner with Resolution Resource to assist with your month-to-month payment plans. Failure to maintain account in good standing could result in it being turned over to an outside collection agency. Should your account be placed in collection, we reserve the right to dismiss you and any members of the account from our practice.

Acknowledgement and Release of Benefits and Information

I acknowledge full financial responsibility for services rendered by Grants Pass Clinic. I have read and understand the financial policies. I authorize my insurance benefits to be paid directly to the Grants Pass Clinic, LLP. I understand in the event of default of payment of my charges, I am responsible for any cost of collection, including court costs and reasonable legal fees. I authorize Grants Pass Clinic or the insurance company to release any information required for the purpose of paying my claims.

Patient's Name (please print)

Date of Birth

Name of Responsible Party (please print)

Signature of Responsible Party

Date