

## Consent for Treatment & Financial Responsibility

### Treatment

I allow The Oregon Clinic (TOC) to provide necessary or recommended treatment including medication, tests, exams, or procedures to diagnose or care for me. I allow TOC to use communication technology-based services ("CTBS") to treat and bill for my care and / or consult with other professionals about my care. I understand that my consent is valid and in effect until I withdraw it in writing or in person.

### Assignment of Benefits and Payment Terms

#### Medicare, Medicaid, and other Government Programs

I allow my insurance to pay TOC for services provided to me while this consent is effective. I allow TOC to release any information needed for this claim or any related Medicare or Medicaid claim to the Social Security Administration or its associates. I understand I am responsible for paying deductible and/or co-insurance under such program(s), unless otherwise required by law.

#### All other Payors

I allow my insurance to pay TOC directly for services I receive. I understand I should check with my insurance to confirm my coverage and anticipated out-of-pocket costs. I am responsible for paying any co-payments and/or deductible required under my insurance plan(s), unless otherwise required by law. I understand I am responsible for any amount not paid or not covered by my insurance. If I cannot pay the total amount, I understand that a payment plan may be set up.

### Payment

TOC accepts VISA, MasterCard, Discover and American Express. We also accept:

**Private Insurance:** We will bill your insurance for your healthcare services. Please bring all insurance information including your insurance card(s). You can help by providing us with complete and accurate information about your insurance. Please be prepared to pay your co-pay at the time of service. If we cannot confirm insurance coverage at time of your appointment, you may be billed for the services or rescheduled.

**Motor Vehicle Insurance:** We will bill your insurance for your healthcare services. Please bring all insurance information including your insurance card(s). You can help by providing us with complete and accurate information about your insurance. Please be prepared to pay your co-pay at the time of service. If we cannot confirm insurance coverage at time of your appointment, you may be billed for the services or rescheduled.

**Worker's Compensation:** Please bring a copy of the "Claim Acceptance" letter sent to you by your worker's compensation carrier. If you have not yet received this letter, please provide us with the name of your employer at the time of the accident as well as the name of the worker's compensation company, their address, phone number, claim number, date of injury and the name of your claim examiner.

## Deposits

Depending on your procedure and your insurance, we may need a deposit at the time of your appointment. If you do not know the amount of your deposit, please call the clinic. Remember, this is a deposit only and you will be billed for any additional amount you owe.

**Uninsured patients:** Your office visit will require a deposit of \$200 for new visits and \$125 for return visits. Any surgery or procedure will require payment in full before treatment unless other arrangements have been made. We offer a 40% discount off the price of services to our uninsured patients.

**Gastroenterology Patients:** If you are coming in for a non-preventative procedure such as a colonoscopy, flex sigmoidoscopy or EGD, you will owe a deposit of \$500. For patients with private insurance, your deposit will be \$500 or your unmet deductible, whichever is less. If we do not receive this payment a week before your procedure, we may have to reschedule your visit.

**Imaging Patients:** If your insurance charges a co-pay for imaging services, the co-pay is due before your exam. If your insurance has a deductible or co-insurance, the deposit is \$200 for MRI and CT scans, \$100 for Ultrasounds.

## Past Due Balance

If you have a past-due or a collections balance on your account, it must be paid in full, or payment arrangements made before your visit.

## Cancellations & Rescheduling

Many of our clinics have a long waiting list of patients trying to get an appointment. Please respect this by contacting the clinic at least 48 hours before your appointment. If you arrive late or if you cancel your appointment in less than 48 hours before your visit, you may be charged a fee of \$50 for office visits, \$100 for procedures, or \$200 for colonoscopy, endoscopy, and surgery. If you have multiple late cancellations or no-shows, we may no longer be able to see you at our practice.

## Billing by Third Party Entities

During the course of your medical care, it may be necessary to consult or use other medical services (for example, labs, hospital, pathologist). In these cases, we will provide them with your insurance and billing information to charge for the services they provide. You will receive a separate statement from that provider.

## Insurance, Co-Pays, and Referrals

If your insurance requires you have a referral to see a specialist, our billing department will reach out to your insurance company and ask for a referral for you. However, our billing department cannot guarantee payment for service. If we cannot get a referral before your appointment, your appointment may be cancelled. It is your responsibility to review your insurance policy and benefits before your appointment. If you are not sure if a service or procedure is covered, call your insurance company before your visit to find out your coverage limits and benefits. If your insurance plan requires a co-pay, it will be collected at your appointment.

## Right to Cancel Authorization

I understand I have the right to cancel my assignment or my authorization for TOC to release information about me and my health to government programs and insurance company(s). My cancellation must be in writing and will be effective when it is received by TOC.

***I have read and understood the contents of this Consent Form. I agree to the terms explained.***