

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.



Notice of Availability

If you speak another language, free language assistance services and appropriate auxiliary aids and services are available to you. Let us know how we can help.

Spanish

Si usted habla español, hay disponibles para usted servicios gratuitos de asistencia de idiomas y dispositivos y servicios auxiliares adecuados. Infórmenos cómo podemos ayudarlo.

Vietnamese

Nếu quý vị nói Tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí cũng như các phương tiện và dịch vụ hỗ trợ phù hợp dành cho quý vị. Xin hãy cho chúng tôi biết cách chúng tôi có thể trợ giúp cho quý vị.

Chinese

如果您说中文，我们可提供免费的语言帮助，以及适当的辅助援助和服务。请告知我们，您需要什么样的帮助。

Russian

Если вы говорите на русском, мы можем предоставить бесплатно помощь на вашем языке, а также и соответствующие вспомогательные средства и услуги. Сообщите нам, как мы можем помочь.

Korean

한국어를 구사하시는 경우 무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 이용할 수 있습니다. 어떻게 도와드릴 수 있는 지 알려주세요.

Ukrainian

Якщо ви розмовляєте цією мовою: українська, то можете отримати безкоштовну допомогу й послуги, зокрема мовні. Повідомте нам, чим ми можемо допомогти.

Japanese

日本語を話される方は、無料の言語支援サービスや適切な補助器具やサービスをご利用いただけます。私たちがどのようにお手伝いできるかお知らせください。

Arabic

إذا كنت تتحدث [العربية]، فستتوفر لك الخدمات المجانية بشأن المساعدة اللغوية مع المعونات الملائمة والخدمات المساعدة. دعنا نعرف كيف يمكننا مساعدتك.

Romanian

Dacă vorbiți română, serviciile gratuite de asistență lingvistică și ajutoarele auxiliare adecvate sunt disponibile pentru dumneavoastră. Informați-ne cum vă putem fi de ajutor.

Thai

ถ้าคุณพูดภาษาไทย มีบริการช่วยเหลือด้านภาษาฟรี รวมถึงความช่วยเหลือและบริการเสริมที่เหมาะสมแก่คุณ แจ้งให้เราทราบว่าเราสามารถช่วยได้อย่างไร

German

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste und geeignete Hilfsmittel und Dienstleistungen zur Verfügung. Teilen Sie uns mit, wie wir helfen können.

Persian

اگر به زبان فارسی صحبت می کنید، خدمات رایگان زبانی و وسایل و خدمات کمی مناسب در دسترس شما هستند. به ما اطلاع دهید که چگونه می توانیم کمکتان کنیم.

Somali

Haddii aad ku hadasho Soomaali, adeegyada kaalmada luqadda bilaashka ah iyo kaalmooyinka iyo adeegyada ku habboon ayaa diyaar kuu ah. Nala soo socodsii sida aan u caawin karno.

French

Si vous parlez français, des services d'assistance linguistique gratuits et des aides et services auxiliaires appropriés sont à votre disposition. Dites-nous comment nous pouvons vous aider.

Khmer

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាខ្មែរដោយឥតគិតថ្លៃ និងឧបករណ៍ជំនួយនិងសេវាជំនួយសមស្រប មានសម្រាប់អ្នក។ សូមអនុញ្ញាតឱ្យយើងដឹងថា តើយើងអាចជួយអ្នកបានដោយរបៀបណា។