

Patient Agreement of Financial Responsibility

Thank you for choosing Oregon Specialty Group as your healthcare provider. Our goal is to make the financial aspect of your treatment as stress-free as possible. To help you understand your financial responsibilities, we ask that you read and sign this agreement before any treatment starts. Please contact our financial counseling team with any questions.

- We will attempt to confirm your insurance coverage, including network participation, before your treatment. You are responsible for providing current and accurate insurance information, including any updates or changes in coverage. Should you fail to provide this information, you will be financially responsible. **Initial here:**
- Proof of insurance coverage and photo ID are required for all patients. We will make a copy of your ID and insurance card for our records. Providing a copy of your insurance card does not confirm that your coverage is effective or that your insurance company will cover the services rendered. If your insurance company denies coverage and/or payment for services provided to you, the balance will be forwarded to you, and you will assume financial responsibility for such charges.
 Initial here: ______
- It is your responsibility to know your insurance benefits, including whether we are a contracted network provider with your insurance company, your covered benefits, any exclusions in your insurance policy, and any pre-authorization requirements of your insurance company.
- If we have a contract with your insurance company, we will bill your insurance company first and *then* bill you for any amount determined to be your responsibility. This process generally takes 45-60 days (about 2 months) from when the insurance company receives the claim. Payments from insurance companies do not include patient payments and copayment(s), deductible(s), or other co-insurance obligations.
- If we do not contract with your insurance company and your insurance does not have out-of-network benefits, you will be entered into our billing system on a self-pay plan. If you have not already made special payment arrangements with the Financial Coordinator's Office, you will be expected to pay for all services rendered at the end of your visit. We will provide you with a statement (Superbill) that you can submit to your insurance company for reimbursement.
- Some insurance coverages have Out-of-Network benefits with co-insurance charges, higher co-payments, and limited annual benefits. If you receive services as part of an Out-of-Network benefit, your portion of fiscal responsibility may be higher than the In-Network rate.
- Your treatment can be interrupted when your insurance information and account are not current. Fees are payable when services are rendered. We accept cash, checks, credit cards, and pre-approved insurance for which we are a contracted provider and are the designated Primary Care Provider (PCP), if applicable. For patients' convenience and to reduce missed payments, autopay options are available and can be set up online or with the Financial Counseling Office. Initial here:
- If financial assistance is needed, you agree to work with Oregon Specialty Group's financial counselors. Working with thirdparty financial counselors or vendors may disqualify you from any manufacturer and/or foundation assistance. You agree to supply current and accurate financial documentation to Oregon Specialty Group when applying for all manufacturer and/or foundation assistance.

I have read the patient financial policies described above. My signature below acknowledges a clear understanding of my financial responsibility.

Signature of Patient/Responsible Party

Date

Name of Patient/Responsible Party (Please print)

Relationship