



PATIENT'S RESPONSIBILITY FOR PAYMENT

As a service to our patients, Surgical Associates, P. C. will submit charges for medical treatment to the patient's insurance company where applicable, to Medicare. However, the patient is primarily responsible for paying any and all medical expenses incurred at the clinic.

Surgical Associates, P. C. may attempt to verify in advance that the patient's insurance company will pay for specific medical procedures. Occasionally, even though coverage was verified before the medical services were provided, the insurance company denies the claim. If the insurance company denies payment or will only pay a portion of the medical bill, the patient is responsible for payment of the account balance. Likewise, if the patient has not met his or her deductible under a given insurance plan, the patient will be responsible for the amount of the deductible in addition to whatever amounts the insurance company does not pay.

If the patient participates in an HMO or PPO that requires co-payment, the patient **MUST** pay the co-payment at the time of the appointment.

If the patient has a worker's compensation claim, Surgical Associates, P. C. will submit the claim information to the employer's insurance carrier providing the patient provides Surgical Associates with the name of the insurance carrier, the date of injury and if available, the claim number and a copy of the 801 form. Patients must keep track of their own mileage and prescription costs for reimbursement by the insurance provider.

If the patient is involved in a motor vehicle or liability accident, the patient is responsible for paying all medical costs even if there is a pending lawsuit.

CONTRACTUAL AGREEMENT TO PAY MEDICAL EXPENSES

I understand that I am personally responsible for all medical expenses incurred at Surgical Associates, P.C. for medical care and treatment. I agree to pay all medical expenses within 30 days of the date that I am billed for those expenses, unless other arrangements have been made with Surgical Associates, P.C.

If I do have insurance, I authorize release of my medical information to my insurance company that I authorize payment of all medical benefits by my insurance company to Surgical Associates, P.C.

Patient's Signature
(parent or guardian if minor)

Date of Signature

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