pacific medical group

☐ Beaverton
4510 SW Hall Blvd
Beaverton, OR 97005
503.644.1171

☐ Canby
1185 S Elm St
Canby, OR 97013
503.723.4660

☐ North Portland
6445 N Greeley Ave
Portland, OR 97217
503.285.6607

☐ Oregon City
1001.Molalla Ave, Ste 100
Oregon City, OR 97045
503.656.5273

☐ Tigard.
13200 SW Pacific Hwy
Tigard, OR 97223
503.598-2000

# CREDIT AND PAYMENT POLICY

We are pleased that you have chosen Pacific Medical Group, P.C. as your Primary Health Care Provider. Our goal is to provide you with the highest level of professional medical care possible, while keeping medical costs to a minimum. In an effort to provide quality medical services, we have established the following credit and payment policies.

**If you have insurance:**

We submit claims on your behalf to your primary and secondary insurance carriers. If you have questions or concerns about your insurance coverage, please call your carrier. Your insurance contract is between you and your carrier. Any remaining patient balance is due within 10 days of the date you receive your statement.

**Non-Covered Services:** Payment in full is required at the time of treatment for services not covered by your insurance. Co-payments: Co-payments are due at the time of service. If you are unable to pay, your appointment may be rescheduled.

**Medicare:**

Pacific Medical Group, PC accepts Medicare assignment. We will submit your claim directly to Medicare and will bill your secondary insurance after Medicare has paid their portion. You are responsible for any allowed amount that is not paid by Medicare and/or your secondary insurance. Any remaining patient balance is due within 10 days of the date you receive your statement.

**Oregon Health Plan:**

To receive treatment, you must currently be covered by the Oregon Health Plan and assigned to this clinic or to a Primary Care Provider at this location. You must be assigned to a health plan this clinic participates with. Proof of coverage is required at each time of service.

**Workers Compensation:**

Please notify the registration desk at each appointment if your visit is due to an injury covered by Workers Compensation. To file a Workers Compensation claim, you will need the name of your workers compensation insurance carrier, the date of your injury, the name and address of your employer at the time of the injury, and the claim number (if available). If you have questions or concerns about your insurance coverage, please call your carrier. We cannot accept responsibility for negotiating a disputed claim.

**Motor Vehicle or Other Liability Claims:**

Pacific Medical Group, P.C. requires payment within 30 days from the date of service, for visits related to motor vehicle/personal liability injury. The patient is required to provide accurate complete billing information at the time of service when applicable.

Pacific Medical Group, P.C. requires a $50.00 deposit at the time of service for each visit regarding a motor vehicle accident or personal liability injury.

In the event that your claim is disputed or a suit is established against another party, Pacific Medical Group, P.C. cannot accept the responsibility of collecting on these cases or negotiating settlements. Patients will be asked to work with our business office to establish a suitable payment plan to pay the balance of your medical charges. While we understand that settlement of these cases can take months, we do not feel that suit against another party is reason for non-payment of your medical charges.

**If you do not have insurance:**

We require self-pay (uninsured) patients to pay a deposit at time of treatment. In circumstances where unexpected major medical expenses are incurred, we will help you arrange a payment schedule.

**Broken and Canceled Appointments:**

Our clinic requests that you notify us 24 hours in advance when canceling a scheduled appointment. We reserve the right to charge a fee for any appointment canceled or broken without reasonable notice.

**Financial Responsibility:**

Patients are financially responsible for all services rendered. If you are required to pay for treatment at the time of service, but are unable to do so, your appointment may be rescheduled. A fee will be assessed for checks returned for insufficient funds. Failure to meet financial responsibility will result in legal action.

**Effective January 1, 2011, a rebilling charge of $5 will be added to all accounts with unpaid patient responsibility balances over 60 days.**

Exceptions to these policies will not occur unless you make prior arrangements with our business office.

**Agreement:**

I have read and understand the Pacific Medical Group, P.C. Credit and Payment Policy. My signature below indicates that I accept this policy and agree to abide by the terms for my treatment with Pacific Medical Group, PC.

| _____ | _____ | _____ |
|---|---|---|
| PRINT PATIENT NAME | Patient Signature or Legal Guardian, if patient is a minor | Date |

**We accept: Cash, Personal Checks, Money Orders and Most Major Credit Cards**