

# East Portland Pediatric Clinic, P.C. Physicians Financial Policy

**PATIENT RESPONSIBILITY:** Patients are responsible for all charges resulting from treatment provided by East Portland Pediatric Clinic (EPPC.) As a service to you, we will bill most insurance carriers directly; however primary responsibility for the account is yours. Payment is due within (30) days of statement billing unless financial arrangements are made. Should your account be placed in a collection status, you will be responsible for all agency and/or legal fees incurred.

**INSURANCE:** You are responsible for deductibles, co-pays, non-covered services, coinsurance and items considered “not medically necessary” by your insurance company. You will be asked to pay co-payments and deductible amounts as services are rendered. Please contact your insurance company to determine if we are a preferred provider on your plan and be aware of your benefits. It is not possible for our staff to know all patient benefits. The remaining balance should be paid within 30 days of receipt of EPPC statement. If you make a payment exceeding your balance, it is your responsibility to watch your insurance explanation of benefits and ask us for a refund when due. We will attempt to contact you if this should occur. Accounts with personal credit balances will not be refunded unless all other charges have been processed by insurance.

As a courtesy, we will bill your primary and secondary insurance carrier for you if we are contracted on your plan. Providing correct insurance billing information is the responsibility of the parent/patient. Patients are required to present current insurance identification card(s) at each appointment.

**HMO/PPO Plans:** HMO/PPO co-payments and deductibles are due at the time of each visit.

**OREGON MEDICAID:** We will run eligibility on the day of each of your visits. If for any reason your eligibility is inactive, you will be responsible for your visit. EPPC is not contracted with all OHP plans.

**WORKERS' COMPENSATION:** EPPC does not provide care for Worker's Compensation claims. Be certain to notify the front desk at each appointment if your visit is due to an injury covered by Workers' compensation.

**MOTOR VEHICLE OR OTHER LIABILITY CLAIMS:** East Portland Pediatric Clinic, P.C. will bill your current medical insurance for these claims. Your insurance may require you to send the claim to another carrier that EPPC is not contracted with. EPPC does not directly bill non contracted carriers but can provide claim forms to you. While we understand that settlements for these claims may take many months, you will be responsible for any balances unpaid after 30 days from the date of service.

**SPLIT FAMILY POLICY:** Both parents are equitably responsible for their child(ren)'s healthcare expenses, unless a court mandate stipulates otherwise.

Account demographic changes may be made by either parent unless legally specified. Disputes between parents will not be arbitrated by EPPC. If further questions, please request a copy of our Split Family Policy also available on our website.

**LATE CHARGES:** All charges are due and payable within 30 days of the first billing unless you arrange a budget payment plan with our billing department. Payment arrangements will not be made for elective appointments i.e. well exams and circumcisions. The parent/guardian(s) will bear the cost of collection and/or court costs and reasonable legal fees should this be required. Accounts referred to our outside agency due to lack of payment will be charged a \$100 collection fee that will not be billed to insurance.

**NEWBORNS:** Contact your insurance company as soon as possible after your child is born. Most health plans allow you 30 days to add your newborn. If you have coverage through Oregon Health Plan, please contact your caseworker immediately. Oregon Health Plan should provide you with an ID#. You may be asked to sign a waiver assuming financial responsibility for services not covered under the state Medicaid program. Please be advised, EPPC is not contracted with all OHP plans.

**CHECKS RETURNED FOR INSUFFICIENT FUNDS:** It is our clinic's policy to charge a fee for checks that are returned unpaid by the bank. If checks return frequently, all further payments may be required to be paid in cash/credit card.

**MISSED APPOINTMENTS:** Please call 24 hours in advance to cancel or reschedule appointments. EPPC has a policy of charging \$50 for missed appointments. We may also choose to discharge a patient from care for repeated incidents of missed appointments.

**PAYMENT OPTIONS:** We accept Cash, Checks, Money Orders, Visa, Mastercard, AmEx & Discover. We do not accept traveler's checks. Credit and Debit payments may also be made on our website: [www.eastportlandpeds.com](http://www.eastportlandpeds.com) and via your patient portal access. It is your responsibility to ask for receipts as payments are made if you need them for tax purposes.

**LAB WORK:** Limited lab tests are performed in our office. Please be aware of the preferred labs for your insurance carrier. You will be responsible for any expenses incurred resulting from lab tests.

**AFTER HOURS:** After hours and weekend care are more costly to provide, so there is an additional charge during those hours.

If you have any questions about the above policy, please speak to our billing office. We reserve the right to update this policy at any time.

*East Portland Pediatric Clinic, P.C. Physicians*

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