



FINANCIAL AGREEMENT

Thank you for choosing Portland Pain Care! We are committed to providing you with the best possible care. **Please read the following carefully, as it is an agreement that you are responsible for payment and will pay in a timely manner.**

Private Insurance, Workers' Compensation, Auto Accidents and Third Party Liability:

- Current proof of medical coverage must be presented at the front reception desk. If the insurance plan requires a co-payment, it will be collected at time of service. If proof of insurance or the co-pay are not provided at the time of service, the appointment may be rescheduled.
- Copayments and outstanding balances are due prior to procedure scheduling or rendering new services.
- The patient, or legal guardian, is responsible for contacting their insurance company and understanding their plan and what it covers. Additionally, the patient is responsible for contacting their primary care physician and requesting a referral if required. If such referrals are not in place, some insurance companies may deny payment and the patient will then be responsible for the entire bill.
- The patient is responsible for any services received at Portland Pain Care. We will bill insurance as a courtesy. We cannot delay charges while liability claims or legal actions are pending. Full payment remains the responsibility of the patient, including co-insurance, deductibles or any "non-covered services" per the insurance policy provisions.

****Please notify our office of any changes in your health insurance carrier immediately****

No Insurance- full payment due at time of service: Patients are responsible for all charges related to the first and all subsequent visits. If a procedure is recommended additional deposit or pre-payment is required prior to scheduling.

Monthly Statements: After insurance has paid or at month end, patients will receive a monthly statement indicating balance due, which is payable upon receipt. Itemized bills are not automatically mailed. However, patients may request an itemized copy by calling our billing department.

Payment Options:

- **Payment in full** – Cash, Personal Check, Care Credit, Debit or Credit Card.
- **Three equal payments** within 90 days from time of service, autopay required.
- **Extended payment plan**, subject to a minimum payment schedule and autopay.

Refunds:

A credit balance under \$5.00 will be applied to your account which can be used at your next appointment. If no appointment is scheduled within 6 months, we will issue a refund.

****Patients will be charged \$25 for any returned check****

I acknowledge receipt and understanding of the above financial policy. I agree to the terms as noted above. I authorize my insurance benefits be paid directly to Portland Pain Care. I agree to all collections costs in the event of default of payment.

If an appointment is not cancelled at least 24 hours in advance you will be charged a fifty-dollar (\$50) fee; this will not be covered by your insurance company.

Call: 503-775-6500

Signed _____

Date _____