



## PAYMENT POLICY AGREEMENT

At Cedar Creek Internal Medicine, our primary responsibility is to provide excellent and compassionate health care. We also feel obligated to make sure our patients understand the financial aspects of their care. By establishing this **Payment Policy Agreement**, we hope to avoid any unforeseen financial misunderstandings.

To help us bill your insurance correctly, it is very important for you to bring your **current insurance card(s)** with you to your appointment. If you cannot provide your **current, valid, insurance card(s)** you will be billed directly for services received on the date of your appointment, and you will to bill your own insurance company on a private basis.

All accounts are due and payable within 30 days of services rendered. We will bill your insurance if you provide us with a valid insurance card on the date of service. However please bear in mind that you are ultimately responsible for any monies owed on your account regardless of insurance coverage. Please contact our Billing Office at 503-280-4558 if you would like to consider arranging a payment program that allows for periodic installments.

If you are a new patient and do not have insurance, a deposit of \$210 dollars prior to your visit will be required. If you are an existing patient and you do not have insurance, a \$140 dollar deposit will be required prior to your visit.

Your insurance company may require you to make a co-payment for each office visit. If you are unable to pay your co-payment at the time of your visit, we will mail to you a bill for the co-payment. However a billing fee of \$20.00 will be added to your account. For your convenience we accept personal checks, money order, Visa or MasterCard, in addition to currency. At times, patients may not know what the correct fee is for their co-payment. Unfortunately, the co-payment charge does not always appear on insurance cards. In these instances, when you are unable to verify the correct co-payment charge, CCIM will require a deposit of \$50 for the co-payment. If the actual co-payment is more, you will be billed for the remainder. If the actually copayment is less than \$50, the excess will be refunded to you or applied to other outstanding charges.

If you are a new patient and do not have insurance, a deposit of \$210 dollars prior to your visit will be required. If you are an existing patient and you do not have insurance, a \$140 dollar deposit will be required.

If you have a deductible on your insurance policy, and it is not met, you will be asked for a \$125 deposit at the time of your visit.

Delinquent accounts will be assigned to a collection agency after 90 days. If your account has been assigned to a collection agency, you will be required to pay in advance, and in full, at the time of all subsequent appointments.

*My signature below acknowledges that I have read and understand the **Payment Policy Agreement**. My signature below also authorizes assignment of benefits from any relevant insurance company or companies for visits to Cedar Creek Internal Medicine. Furthermore, I understand that I am financially responsible for all incurred charges that are not covered by my insurance. I hereby authorize Cedar Creek Internal Medicine to release requested information that pertains to my visits to my insurance company or companies.*

---

Patient Name

---

Patient Signature

---

Date