## **Credit Policy**

### NORTHWEST VASCULAR CONSULTANTS

**Patient Responsibility:** Patient's are responsible for all charges resulting from treatment provided by Northwest Vascular Consultants. As a service to you we will bill your primary and secondary insurance carriers directly. However, primary responsibility for the account is yours. Payment is due in full within 30 days of receiving your first statement unless other financial arrangements have been made with the business office.

## **Payment Arrangements**

### **New Patients**

\*New patients without insurance will be required to make a deposit of \$100.00 to establish credit toward their first appointment charges

#### **Established Patients**

\* All established patients will be required to pay off their balances within 30 days of receiving their first billing unless payment arrangements have been made with business office. For larger balance accounts a minimum payment of 20% of the balance will be required. HM0/PPO co-pays, if required by your plan, are due at the time of service for each visit.

## Referrals/ Pre authorizations

\* If you have insurance that requires a referral from your primary care doctor we ask that you call your primary care doctor and allow two weeks for them to complete the referral. Referrals can be difficult to obtain. Please contact our office if you need additional assistance. Please be aware that if you choose to be seen before you have received a valid authorization, your insurance may not pay for the visit. If you are having a procedure that requires prior authorization, the business office will obtain this for you. The Business Office cannot guarantee payment for services or quote benefits from your health plan. Patients are ultimately responsible for knowing their coverage limitations and benefits.

If you are being seen for Varicose Veins, we ask that you call your insurance company prior to your appointment to verify that you have <u>Varicose Vein Benefits</u> as some insurances will not cover those.

# **Insurance Billing**

\* We will as a courtesy bill your primary and secondary insurance for you. Providing correct insurance billing information is the responsibility of the patient. If your insurance changes, please present your new card at your next visit. All of our providers are participating providers with Medicare. If you are insured directly through the state of Oregon or are insured through Oregon Health Plan please bring your current medical card with you to each appointment. If you do not have your insurance card with you at the time of your visit you will be billed for the services.

### **Non covered Services**

\* In the event your insurance coverage is not in effect or you have a service rendered that is not covered by your insurance company you will be asked to sign a waiver holding you financially responsible for these services.

No show Appointment policy \* Patients who do not cancel their appointment at least 24 hours prior to

Returned Check/NSF	* It is our office policy to charge all patients a \$10 that are returned for insufficient funds.	00.00 fee for checks
I have received and read a c for my treatment with North	copy of the credit policy for Northwest Vascular Const nwest Vascular Consultants.	ultants. I accept this policy
Print your name	Sign your name	

their scheduled appointment time will be charged a \$100.00 missed appointment fee.