

A Family Wellness Center
Donna L. Beck N.D.

330 NE 102nd Ave. Portland, OR 97220 (503) 252-9181 Fax (503)252-6161

Financial Policy

Please initial to show that you have read and understood each section.

- **Missed Appointments/ Cancellations** _____
 - If for any reason you are unable to make your appointment, **Please give us 24 hours notice.** For any missed appointments or less than 24 hour notice for cancellation your account will be charged 50% of the office time saved for you. (Exceptions will be made for genuine emergencies.)
 - If you are late for your appointment, your visit will be shortened and you will also be charged for the reserved time on the schedule.

- **Supplements** _____
 - All orthopedic supplies, medicinary and supplement items are to be paid in full at the time of purchase. We will only accept a return if the safety seal has not been broken or unwrapped.
 - We ask that you please call in advance when you need a refill on your supplements to ensure we have it on hand or if needed to be ordered. If available you can pick up supplements during office hours. As a courtesy for patients who are unable to pick up these items, we can mail them to you via priority mail. **You will be responsible for the postage.** If mail order is over \$75, insurance will be required to ship package.

- **Insurance** _____
 - If you have insurance, you are required to fill out the insurance verification form to confirm they will pay. If this form is NOT completed before the first visit you will be required to pay for the office visit in full until insurance has been verified. Once the insurance company pays, then you will be refunded (either a credit to your account or a reimbursement).
 - If you have verified your insurance, you will be responsible for any co-pays, deductibles, and amounts not covered by the insurance.
 - **As a courtesy to you, we will only bill your insurance if the verification form has been completed.**
 - In the case of a Motor Vehicle Accident (MVA) or Personal Injury Protection (PIP) claim, you are responsible for any balance that is incurred after the claim has been closed. If the claim goes to litigation, you must pay the balance before litigation starts.

- **Payments** _____
 - For cash paying patients, a Time of Service discount will be given to you. We accept cash, checks, and Visa/ MasterCard. A payment plan can be arranged if needed (see Payment Plan Arrangement Form). We have the right to agree, or not, to any payment plans.
 - **Dishonored checks will be charged a \$25 fee**
 - Any balances due on your account will be billed to you every 30 days. After 30 days of the first billing an interest of 5% of your balance will be applied to your account if there is **NO** payment/ communication made with the office. Balances that are 120 days past due **will be** submitted to collections if there is no communication.

Please sign and date to say that you have read, understood, and agree to the above policies.

Patient's or Authorized Person's Signature

Date