



# Integrative Pediatrics

Safe passage in a changing world.

## Financial Policy

Integrative Pediatrics will gladly submit claims to your insurance carrier. We also offer Secondary and Tertiary billing. Please remember that co-pays and deductibles are due at the time of service. If unable to pay at time of service, there will be a \$10 fee applied to your account for non-payment. In the event of a Motor Vehicle Accident, we will submit your claim(s) to the motor vehicle carrier.

As a courtesy, our Private Pay patients receive a cash allowance rate. We accept cash, debit cards, checks, Visa, MasterCard, and Discover. Although payment is required at the time service; if unable to pay; prior arrangements can be made with the billing specialists. Please call Billing at 971-317-0211. If your account is paid in full at the time of service, we will extend a prompt payment/cash allowance rate. For Private Pay patients, a \$100.00 deposit is required, if unable to pay in full at the time services are rendered.

If you have health insurance, please understand that this is an agreement between you and your insurance company; and you are responsible for knowing your benefits. We will be happy to assist you in any way we can, but *you* are ultimately responsible for timely payment of your account.

Integrative Pediatrics takes many steps to avoid collections; however, if your account is placed with a collection agency; you will be assessed a \$100.00 collection fee. This will be added to your final balance placed with the collection agency and you will also be responsible for all legal fees and court costs involved.

In the event of a divorce situation; we do understand your difficulties and we hope you understand a divorce decree is a document that involves you, your ex-spouse and the courts. Although a divorce decree may state that an ex-spouse is responsible for medical bills, Integrative Pediatrics has no authority to enforce compliance. Therefore, we will bill the custodial parent.

If you present a check to Integrative Pediatrics that is not honored by your bank, a \$40.00 Non-Sufficient Funds charge will be added to your account per occurrence.

**No Show / Late Fee:** If you are unable to keep your appointment, you must cancel/reschedule at least 24 hours' prior by calling 503-643-2100. We have implemented an appointment/cancellation policy which enables us to better utilize available appointments for our patients in need of care. Failure to cancel your appointment without 24-hour notice is considered a "no show". No shows will be billed \$150 for established patients per occurrence and \$200 for

a new patient visit. This will not be billed to your insurance and is patients' responsibility. We reserve the right to dismiss patients from our practice after 3 no show appointments.

In the event that you show up to your appointment later than 10 minutes, you may be subjected to a \$50.00 late fee as well as your appointment will need to be rescheduled.

**Medical Records:** We are a medical home; our philosophy of primary care is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety. When you transfer care you are no longer our patient. Transfer of records to a new physician will be sent complementary. Subsequent new provider transfers will be charged \$75.00; payment is required prior to release of records. If balance is not paid in 30 days, your account will be billed.

For personal copies of medical records: \$25.00-\$300.00 fee per medical record (depending on size). We will call you upon readiness of records and payment is due at that time. We can mail your records if requested, for an additional charge. If you request to pick them up and have not done so by 30 days, your records will be mailed to the address you provided and shipping and handling will be added to your balance.

Your signature on this policy authorizes Integrative Pediatrics to release health information to insurance carriers when necessary for payment, and directs them to remit payment directly to Integrative Pediatrics (assignment of benefits).

**Administrative Fee:** As of September 1, 2019 an annual administrative fee of \$295.00 will be instituted per family regardless of your family size. Should you need to make payment arrangements please contact our billing department at 971-317-0211.

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Signature

Print Name

Date