



# Integrative Pediatrics

Safe passage in a changing world.

## Financial Policy

Integrative Pediatrics will gladly submit claims to most insurance carriers. We also offer secondary and tertiary billing for in-network insurance plans. Please provide us with all current insurance information including copies of all current insurance cards, subscriber details, and contact information. Please keep us informed of any updates to insurance or personal contact information. All co-pays, coinsurance, and deductible payments are due at the time of service. If you are unable to pay at the 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 discounted cash allowance rate for paying in full at the time of service. We accept cash, debit cards, checks, Visa, MasterCard, AMEX, and Discover. Although full payment is always required at the time of service, we understand that life events can prevent financial hardship. If arrangements are needed, please contact our billing specialists at least 48 hours in advance of the appointment. They can be reached directly at 971-317-0211. For Private Pay patients who are unable to pay in full at the time of service, a \$100.00 deposit is required along with the agreement and credit card on file.

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. If we are out-of-network with your insurance plan, or you are a self-pay patient, Good Faith Estimates (GFE) are available. Please contact your insurance company directly to verify our network status with your particular plan and to receive out-of-network benefit information should it apply.

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 before forwarding your account to the collection agency. You will also be responsible for all legal fees, interest, and court costs that may be involved.

In the event of a divorce situation: divorce is a difficult time for the entire family. While we wish we could make it easier on you and the children, we also hope you understand that a divorce decree is a document that involves you, your ex-spouse, and the courts. Although a divorce judgment may place financial responsibility on the ex-spouse, 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, we *request* at least 48 hours' notice to allow for patients on the waitlist to be able to squeeze in. However, we *require* at least a full 24 hours' notice to make appointment changes. Please call 503-643-2100 as soon as possible to make any necessary changes. Please understand that we reserve each appointment slot specifically for that patient without double-booking. When a no show or late change occurs, patients who need to be seen may be unable to rearrange their personal schedules to take advantage of the new opening. Therefore, we have implemented an appointment cancellation policy which enables us to better utilize available appointments for patients in need of care. Failure to cancel your appointment without a full 24-hours' notice is considered a "no show." No shows will be billed \$150 for established patients per occurrence and \$200 for a new patient visit. Due to our clinic being a primary care provider, exceptions are not made in cases of acute illness. Keeping the appointment is especially encouraged so we can help support your child's natural defenses in the face of illness. If acute illness occurs, please call our front desk to update us on symptoms, and we may encourage patients to add a COVID test prior to the appointment. No shows are not billable to insurance and are patient responsibility. We reserve the right to dismiss patients from our practice after 3 no show appointments.

In the event that you arrive at your appointment later than 10 minutes past the scheduled time, your account may be assessed a \$50.00 late fee, and the appointment may need to be rescheduled. Please arrive 10 minutes early to help prevent any delays and to help our providers to run on-time.

**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 full 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).

**Membership Fee:** On September 1, 2019 an annual membership fee of \$295.00 was instituted per family regardless of family size (all Oregon Medicaid patients will be excluded from the membership fee). If paid in full by the due date each year, we would like to offer you a 10% discount. Should you need to make payment arrangements please contact our billing department at 971-317-0211. Please see our FAQ for more information. If your children have transferred care, please be sure to let us know so we can update our records. You can do so by requesting an electronic statement form, submitting a “Transfer of care” release of information, or by emailing us at [billing@integrativepediatricsonline.com](mailto:billing@integrativepediatricsonline.com).

**Supplements:** To support each patient’s wellness goals, we offer a variety of dietary supplements as well as supplement accounts via both Fullscript and Wellevate. We believe that health and wellness should be affordable, and so all supplements are automatically discounted to help patients get quality supportive aids from reliable sources. All patients have the right to shop around, but we ask that they choose from only reliable sources that can be guaranteed to be the true item and high quality.

**Credit Cards on File:** We require all accounts to have at least one credit card on file in our secure system. Please include your credit card information below as well as selecting the authorization of your choice.

\*The authorizations below will remain in effect unless changed by signing a new financial policy.

_____	_____/____	_____
Credit Card Number	Exp.	CVV
_____		
Billing Zip Code		

Please select the authorization(s) you would like applied:

- Use card automatically for membership fee renewal
- Use card automatically for no show and late fees
- Use card automatically for all fees (including copays, coinsurance, and deductibles) normally collected at the time of service
- None of the above. Always ask before charging this card.

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_____	_____
Patient Name	Patient DOB

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_____	_____	_____
Authorized Signature	Print Name	Date