



PATIENT FINANCIAL AGREEMENT

PLEASE READ THOROUGHLY AND SIGN BELOW

In consideration of receiving services from Basin Immediate Care (BIC) You Agree:

- 1. All services are provided to you with the understanding that you are responsible for the cost regardless of your insurance coverage. Please be aware that not all services are a covered benefit with different insurance companies. KNOW YOUR BENEFITS
2. Charges: Fees for office services are determined by the complexity of the medical problem, the time spent with the patient, and when indicated, the use of lab, medications, X-ray, or specialty procedure supplies.
3. Payments: Upon check-out we will collect your deductible, co-pay, co-insurance and payment for any uncovered services. We accept cash, check, and credit card of MasterCard, Visa, and Discover & American Express.
4. We will bill selected insurance companies for services as a courtesy. You must provide all the necessary information prior to your treatment. If we elect to bill your insurance company, you will be asked to pay any deductible, co-pay and/or co-insurance on the day of service. (Please see New Patient Policy for further info)
5. WE DO NOT ACCEPT Oregon Medical Assistant Program (Welfare)/Medicaid Insurance coverage.
6. If your insurance company is not one for which we bill, you will be provided with a copy of your Superbill, with all the necessary information for you to bill your insurance. YOU MUST PAY FOR YOUR SERVICES AT THE TIME OF SERVICE.
7. All services billed to a primary insurance company and not paid by them within 60 days may become the responsibility of the patient.
8. In the case of Divorced responsible parties:
a. BIC will not do two-party billing.
b. The parent who originally signed as the Guarantor, usually upon registration, will remain responsible. It is that parent's responsibility to get payment from the other responsible party.
c. If your divorce decree states both parties as 50/50 responsible for any unpaid portion, or any other arrangement, BIC will not negotiate for either party.
9. Problems with your Bill:
a. It is your responsibility to make payments on personal balances, and the balance on your statement is due and payable when the statement is issued and is past due if payment is not remitted within 30 days.
b. If you have problems paying your bill, you need to contact our Billing Department and make arrangements regarding timely payment.
c. Unpaid personal accounts of aged charges may be referred to a collection agency for legal action.
d. If your account is placed with an agency, BIC will no longer provide medical services for you or your family until such time as the debt is settled.
e. If agency debt is settled, you and/or family members will need to Pay In Full upon your next visit to reestablish care with BIC.
10. Returned Checks are subject to a \$25.00 return check fee.

I have read and understand the above financial agreement and accept responsibility for charges on this account.

\_\_\_\_\_  
Patient/guardian Signature Date

NEW PATIENT PAYMENT POLICY

Basin Immediate Care's new patient policy is to have payment in full at the time of first visit. If your insurance is one that we bill, we will refund you after we receive payment from your insurance(s), which is approximately 4 to 6 weeks after initial billing. If you need further clarification or have any questions regarding this policy please ask the receptionist to call a supervisor.

I, \_\_\_\_\_ have been informed of Basin Immediate Care's new patient payment policy.

\_\_\_\_\_  
Signature Date