

**Alsea Rural Health Care, Inc**

**PO Box 229**

**Alsea, OR 97324**

**Phone: 541-487-7116**

**PAYMENT POLICY**

Thank you for choosing Alsea Rural Health Care, Inc. (ARHC) for your health care. Our goal is to provide high quality, thorough, effective treatment and care to each and every patient. In return we ask each patient to accept responsibility for their own health care and responsibility for paying all fees related to his/her treatment. Payment can be made by cash, check, Visa, or MasterCard.

1. **Insurance.** We participate in most insurance plans. ARHC will bill your insurance company on your behalf. The procedure for obtaining insurance payments varies widely depending on the insurance plan and the insurer, so we rely on you to provide us with the necessary information. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. A \$10 charge will be due at the time of your visit if you: (1) are not insured by a plan with whom we do business or (2) do not have a current insurance card. Any remaining balance (after the insurance payment is received) will be billed to you and must be paid in full 30 days after receiving your statement.
2. **Co-payments and deductibles.** All co-payments must be paid at the time of the service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit. Any deductible will need to be paid in full 30 days after receiving your statement.
3. **No Insurance.** A \$10 charge will be due at the time of your visit if you do not have insurance coverage. Health services will be provided to patients with no insurance at a reduced rate if they qualify.
4. **Non-covered services.** Please be aware that some, and perhaps all, of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurance companies. Nevertheless, you must pay for these services in full 30 days after receiving your statement. To the best of our ability we will inform you of this at the time of service.
5. **Nonpayment.** Any remaining balance due after the insurance carrier has paid will be sent to your home. This amount is due in full 30-days after receipt. If you are not able to pay your balance in full, you must call ARHC before your bill is due. We will work with each person on a case by case basis to set up a payment plan as needed. If payment is not received in a timely manner and your account becomes delinquent, please be aware that ARHC has the right to turn your account over to a collection agency. If this occurs, you will be notified by regular and certified mail.
6. **Insufficient funds.** If we receive a check back for insufficient funds, please be aware that you will be charged a \$5.00 service fee.
7. **Statements.** Statements will be sent out on a monthly basis to those patients who have a balance of \$5.00 or more.

Thank you for taking the time to read our Payment Policy. Please let us know if you have any questions.

By signing below, I certify that I have received a copy of Alsea Rural Health Care, Inc's Payment Policy and agree to all terms and conditions as stated. I understand it is my sole responsibility to verify my medical coverage with my insurance company. I also understand that all remaining fees associated with my office visit(s) will be due in full 30 days after I receive a statement from Alsea Rural Health Care, Inc.

**Patient Name:** \_\_\_\_\_

**Signature (patient or guarantor):** \_\_\_\_\_

**Date:** \_\_\_\_\_