

## CREDIT AND PAYMENT POLICY

We are pleased that you have chosen Asher Community Health Center as your Primary Health Care Provider. Our goal is to provide you with high quality medical care, while keeping medical costs to a minimum.

### **If you have insurance:**

We submit claims on your behalf to your primary and secondary insurance carriers. If you have questions or concerns about your insurance coverage, please call your carrier. Your insurance contract is between you and your carrier. After your primary and secondary insurance have paid their portion, you are responsible for payment of any allowed amount that has not been paid.

### **Non-Covered Services:**

Payment in full is required at the time of treatment for services not covered by your insurance. Co-payments are due at the time of service without exception so please be prepared to pay when you arrive for your appointment. If you are unable to pay, your appointment may be rescheduled.

### **Medicare:**

We will submit your claim directly to Medicare and will bill your secondary insurance. After Medicare and your secondary insurance have paid their portion, you are responsible for payment of any amount that has not been paid.

### **Oregon Health Plan:**

To receive treatment, you must currently be covered by the Oregon Health Plan and assigned to this clinic or to a Primary Care Provider at this location. You must be assigned to a health plan in which this clinic participates. Proof of coverage is required at each time of service.

### **Workers Compensation:**

Please notify the registration desk at each appointment if your visit is due to an injury covered by Workers Compensation. To file a Worker's Compensation claim, you will need the name of your workers compensation insurance carrier, the date of your injury, the name and address of your employer at the time of the injury, and the claim number (if available). You are responsible for payment of any claim in which payment has been denied.

### **Motor Vehicle or Other Liability Claims:**

The patient is required to provide accurate and complete billing information at the time of service when applicable. In the event your claim is disputed or a suit is established against another party and the outstanding balance is 120 days past due, patients will be asked to work with our business office to establish a suitable payment plan to pay the outstanding charges. If a payment plan is not established, the account is subject to collection proceedings.

### **If you do not have insurance:**

We require self-pay (uninsured) patients to pay at time of service. Asher Community Health Center provides a sliding fee discount for those patients who qualify. In circumstances where unexpected major medical expenses are incurred, we will help you arrange a payment schedule.

### **Broken and Canceled Appointments:**

Our clinic requests that you notify us 24 hours in advance when cancelling a scheduled appointment. We reserve the right to charge a fee for any appointment cancelled or broken without reasonable notice.

### **Financial Responsibility:**

Patients are financially responsible for all services provided. If you are required to pay for treatment at the time of service, our staff will work with you to schedule your appointments in coordination with your financial resources. A fee will be assessed for checks returned for insufficient funds. Failure to meet financial responsibility may result in legal action.

**We accept: Cash, Personal Checks, Money Orders and Most Major Credit Cards**