



# PACIFIC NORTHWEST PRIMARY CARE

LAURAL J. SCHABERG, ARNP

KRIS CHATMAN, ARNP

Thank you for choosing PNWPC for your medical needs. We are committed to providing you with the highest quality healthcare. We ask that you read and sign this form to acknowledge your understanding of our patient financial policies.

## PATIENT FINANCIAL RESPONSIBILITIES

The patient or patient's guardian is ultimately responsible for the payment for treatment and care. We will bill your insurance for you. It is your responsibility to provide the most current information regarding your insurance coverage. Patients are responsible for payment of co-pays, co-insurance, deductibles, and for all procedures or treatments not covered by your insurance plan.

Co-pays are due at the time of service.

Co-insurance, deductibles and non-covered items are due 30 days from receipt of billing. A late payment fee may be applied after that.

Patients may incur, and are responsible for payment of, additional charges, if applicable. These charges may include:

Charges for insufficient funds – returned checks - \$50.00

Cancellation of appointments with less than 24 hours notice - \$100

By my signature *written or typed* below, I understand that I am financially responsible for charges incurred.

Patient Name \_\_\_\_\_

Patient/guardian signature \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_