



Mark Davis, ND | Emily Burke, ND
827 NE Alberta Street Portland, Oregon 97211
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www.brightmedicineclinic.com

Financial Policy

Thank you for choosing Bright Medicine Clinic as your healthcare provider. Our goal is to provide our patients with excellent naturopathic care. As part of our professional relationship with our patients, please understand that payment is expected at the time the services are rendered. The following information is our practice's financial policy. Please read this policy and acknowledge that you have read and understand this policy by signing and dating this document prior to receiving care. Thank you for helping us to keep your costs as low as possible. For your convenience, we do accept cash, check, and major credit cards.

Patient Responsibilities – As a patient, it is your responsibility to:

- Always bring your current health insurance card to your appointment.
- Notify us of any changes in insurance, address, telephone or family status at the time of check-in. We request that you notify us immediately if your address changes so that we can update our records.
- Pay your co-pay, coinsurance and/or deductible at the time of service.
- Pay your bill in full if you do not have insurance, your health plan does not list us as a participating provider, or you are unable to present a valid insurance card or your insurance coverage cannot be verified.

Additional Fees that are not billed to your insurance company that are your responsibility include but are not limited to:

- Returned check fees are subject to a \$35 fee. In the case of returned checks, we will only accept payments by cash or credit card until your balance has been settled.
- If you fail to keep your scheduled office appointment without notifying us **at least 24 hours** in advance, your account may be subject to a \$50 fee. Advance notification allows us to schedule another patient in your time slot that needs to be seen and helps us to minimize unnecessary cost.
- We charge a minimum fee of \$20 to print chart notes, superbills or summaries for prior visits.

Insured Patients

Our relationship is with you as our patient and not with your insurance company. As a courtesy, we will accept assignment of your insurance and file claims directly to your insurance carrier on your behalf. This is with the understanding that any unpaid balances not covered by the insurance company are your financial responsibility. This includes copays, coinsurance, deductible and non-covered amounts. We will send a statement of any unpaid balances within thirty days. If you have any question concerning your account, please contact us immediately at 503-928-7605. If you have any questions concerning your insurance coverage, please contact your insurance carrier directly. If you are not able to pay your balance in full, you must contact our office to set up a payment schedule. Patient balances not paid in full within 60 days of the statement date or without acceptable payment arrangements will be considered past due. If your account becomes past due and remains unpaid for more than sixty days, we will take the necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collections cost including any collections fees that may be added to your account. Past due accounts must be taken care of by payment in full or by establishing a payment plan prior to being seen.

Uninsured Patients

If you are not covered by any type of insurance plan, you are responsible for payment for services rendered at the time of service (TOS). If you are unable to pay your visit in full, we require a minimum payment of \$75 due at the TOS. Your payment of \$75 will be applied towards the cost of your visit for that day. Additional fees over this amount will be billed to you within 30 days. If your balance is not paid in full within 60 days of the statement date or without acceptable payment arrangements you will be considered past due. If your account becomes past due and remains unpaid for more than sixty days, we will take the necessary steps to collect this debt. If we have to refer your account



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to a collections agency, you agree to pay all of the collection costs including any collection fees that may be added to your account. Past due accounts must be taken care of by payment in full or by establishing a payment plan prior to being seen.

If you have an outstanding balance that is not pending with insurance and you have not been set up on a payment plan, you will be required to meet with our office manager prior to being seen by the doctor to establish a payment plan. If you fail to maintain your monthly payment schedule for more than 60 days you will be turned over to an outside collection agency. It is your responsibility to notify us in the event your contact information changes. If you have moved with no forwarding address registered through the US Postal Service and fail to notify us after two billing cycles, your account will be turned over to an outside collection agency to locate you.

We do understand that healthcare costs can sometimes be unexpected or untimely. We do offer monthly payment plan options to assist you. Please ask to speak with the office manager if you wish to exercise this payment option or if you have any questions concerning this policy.

By signing this statement I understand and agree to adhere to all regulations indicated.

Name (Please Print)

Date

Signature

Date

Patient/Consultee Representative | Relationship to Patient/Consultee

Date