



Patient Financial Responsibility and Disclaimer Form

PORTLAND DIABETES & ENDOCRINOLOGY CENTER, P.C.

Thank you for choosing Portland Diabetes and Endocrinology Center, P.C. as your healthcare provider. 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

- As our patient, you (or your legal guardian) are ultimately responsible for payment for all treatment and care you receive from a PDEC provider. As a courtesy we will bill your insurance for you. However, it is your responsibility to provide the most current and up-to-date information regarding insurance. You are always financially responsible for all charges whether or not they are covered by your insurance.
- Patients are responsible for payment of co-payments, coinsurance, deductibles and all other procedures or treatment not covered by their insurance plan. For your convenience, we accept Cash, Personal Checks, Visa, MasterCard, Discover and Debit cards.
- All co-payments are due at each visit. There is a \$25.00 charge for failure to pay your co-payment at check-in.
- Discounts are available for private pay patients only if the estimated balance is paid in full at time of service. Please contact our Billing Department for more information at (503) 274-4808. Discounts are not available for patients with high deductible insurance plans.
- Coinsurance, deductibles and non-covered items are due immediately upon receipt of our first billing statement.
- Patient responsible balances over 60 days without payment in full or official payment plan arrangement will be assessed a rebilling fee of \$35 each month until the patient responsible balance is paid in full or payment plan arrangements are made and kept. Payments not made as required may be considered for collection assignment. If it becomes necessary to turn your account over to an outside collection agency, a non-negotiable fee of \$100.00 will be added to the account balance. **Payment Plans can be set up at any time with our billing department at (503) 274-4808.**
- If your insurance requires a referral from your primary care provider to our office, it is your responsibility to have one in place prior to their appointments. If a referral is not received prior to care it may become your obligation to cover all services rendered. Patients without a referral must sign a waiver in order to see the provider.
- Due to the increased demand for our specialty services, we are unable to reschedule New Patient appointments missed or rescheduled without 72 hours' notice unless a non-refundable \$150.00 deposit is made. Return appointments missed or rescheduled without 24 hours' notice will be assessed a \$50.00 missed appointment fee.
- You may incur, and are responsible for payment of additional charges, if applicable. These charges may include (but are not limited to):
 - **\$35.00 charge for returned checks**
 - **\$150.00 charge for missed New Patient appointments without 72 hours' notice.**
 - **\$50.00 charge for missed Return Patient appointments without 24 hours' notice.**
 - **\$25.00 charge for failure to pay co-payments at check-in.**
 - **\$35.00 charge for rebilling unpaid patient responsible balances in excess of 60 days old.**
 - **\$100.00 charge for account collection assignment (non-negotiable).**
- You may also receive a separate bill from an outside lab for tests not performed on-site at PDEC.
- Always let us know when your blood is drawn if you have an outside lab preference.

PDEC is committed to protecting the privacy of our members' personal health information. Part of that commitment is complying with the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which requires us to take additional measures to protect personal information and to inform our members about those measures.

I understand that Portland Diabetes & Endocrinology Center, P.C. will bill my insurance company with the information I provide.

I also understand that if full payment is not received from my insurance company, I will be financially responsible for any remaining balance on all charges incurred at Portland Diabetes & Endocrinology Center, P.C. This includes Visits, Lab Charges, Testing Charges and X-rays (approximately \$250.00 to \$750.00 depending on the services performed).

If I do not have insurance, I understand that payment arrangements should be made before the date of my appointment with the Billing Department at Portland Diabetes & Endocrinology Center, P.C. PDEC Billing can be reached at (503) 274-4808.

I have read, understand and agree to the provisions of this Patient Financial Responsibility and Disclaimer Form:

Print Patient Name

Patient Signature
(Parent or Guardian if patients is under 18)

Date

Witness

Acct Number