**PATIENT FINANCIAL AGREEMENT**

**PLEASE READ THOROUGHLY AND SIGN BELOW**

**In consideration for receiving services from River Valley Rheumatology & Infusions, You Agree:**

1. All services are provided to you with the understanding that YOU ARE ULTIMATLEY responsible for the cost regardless of your insurance coverage. If you would like to know the cost of a service, please inquire prior to treatment. Please be aware that not all services are a covered benefit with all insurance companies. **You are responsible for knowing what services are and are not covered with your insurance plan. EVERY INSURANCE PLAN IS DIFFERENT, KNOW YOUR BENEFITS!**

2. Your insurance policy is a contract between YOU (YOUR EMPLOYER) and YOUR INSURANCE. We are NOT a party in that contract and CANNOT influence what services your insurance plan will or will not cover.

3. **CHANGE OF INSURANCE**. If your insurance changes, **IT IS YOUR RESPONSIBILITY TO NOTIFY OUR OFFICE** and to make sure your new insurance plan participates with River Valley Rheumatology & Infusions. You should BRING YOUR INSURANCE CARD TO ANY DOCTOR VISIT.

4**. COVERED PHYSICIANS UNDER YOUR PLAN**: It is YOUR responsibility to know if YOUR insurance will cover the cost of you seeing one of our physicians. Please ask your insurance if River Valley Rheumatology & Infusions is a covered provider. Also feel free to check with our billing department to see if River Valley Rheumatology & Infusions participates with your insurance plan.

5. **REFERALS:** You are responsible for knowing if your insurance requires a referral to be seen by a specialist and for obtaining such referrals from your Primary Care Provider.

6. **CANCELATIONS and NO SHOWS**: **RVRI charges $50.00 for cancelations less than 48 hours (2 Business Days) in advance and No Shows**. This fee **MUST** be paid prior to scheduling another appointment. If you habitually cancel appointments with less than 48 hour (2 Business Day) notice or “no show” to multiple doctor visits, you may be discharged from the clinic. Unfortunately, when a patient does not show for their scheduled appointment, another patient loses an opportunity to be seen.

7**. COMPLETION OF FORMS:** if you require forms to be completed for school, work, or legal purposes, there is a fee. This fee pays for the physician’s time to perform a chart review and fill out the appropriate paperwork. Please see front desk for pricing.

8**. MEDICAL RECORDS:** As a patient of River Valley Rheumatology & Infusions, you have a right to a COPY of your medical records. A fee will be charged for a printed copy of your records, requests thru the patient portal are free.

9. **CHECK-IN:** We will collect your deductible, co-pay, and payment for any non-covered services as well as the patient’s portion as determined by insurance. We accept cash, check, and credit card.

10. **OFFICE LABS:** Quest Diagnostics works in the office of River Valley Rheumatology & Infusions. They DRAW and PROCESS some of the labs from this office. You may receive a bill from Quest and a bill from River Valley Rheumatology & Infusions for any blood work you have in our office. We do not participate in ANY of the billing process for Quest Diagnostics and are therefore not able to comment on any bills received from Quest. If you have a question regarding your Quest bill, please contact Quest**. If your insurance has restrictions on where you are “allowed” to have your blood drawn, it is YOUR responsibility to know these restrictions. Please inform your doctor and they will provide you with a lab slip to have your blood work done elsewhere.**

11**. OFFICE XRAYS:** All x-rays taken in the office are read by a Radiologist at Mission Medical. You may receive a bill from the Radiologist for READING the films. We do not participate in ANY of the billing process for Mission Medical and are therefore not able to comment on any bills received from them. For physically TAKING the x-ray you may also receive a bill from River Valley Rheumatology & Infusions.

12. **MEDICATION REFILLS**: Please allow up to 48 hours for all medication refills. We **do not** **refill any narcotic prescriptions after hours or on weekends**. For all other refills – except Prednisone – there will be a $25.00 charge for after hour refills.

13. **BILLING YOUR INSURANCE:** We will bill your PRIMARY insurance for your claim. We will also bill your SECONDARY insurance company ONCE as a courtesy. However, you are still ultimately responsible for payment of all services. If your PRIMARY insurance company does not respond within 30 days we will follow up with an inquiry on your behalf. If, however, your PRIMARY insurance does not respond within 60 days of claim submission, a statement will be sent to you. It is then YOUR responsibility to call YOUR insurance to inquire why the claim is not being covered. Please let us know if we can be of any assistance if this occurs.

14. **UNPAID CHARGES**: Any unpaid charges over 90 days old will be turned over to outside collection agency with additional collection agency fee. You are responsible for any collection fees, legal fees, or court costs incurred in the collections process. This agency will report your failure to pay to all 3 national credit agencies. If you are having financial difficulties and are unable to pay your bills to River Valley Rheumatology & Infusions, please contact our office **PRIOR** to this 90 day period to set up a payment plan. You will then NOT be sent to collections unless you fail to make your negotiated regular monthly payment.

**If your account is turned to collections, you will be discharged from this practice. Please be aware that if your account is turned to collections we will cancel additional refills on your prescriptions.**

15**. PATIENTS WITHOUT INSURANCE**: As a courtesy to our patients who do not have health insurance coverage, we offer a discount. If you would like a pricing list of these discounts, please ask the front desk. Discounts DO NOT APPLY to patients that have insurance, but we do not participate with that insurance plan.

16. **BILLING QUESTIONS:** Our physicians do not participate in the billing process and are therefore not knowledgeable on answering any questions regarding claims. If you have any billing questions, please feel free to contact our billing department at (503) 399-0652 and ask to speak with Kaitlin or Suzanne. They will be happy to assist you.

17. **RETURNED CHECKS** are subject to a $25.00 return check fee.

18. **TRANSFER OF CARE:** If you choose to transfer your medical care to another provider’s office, you will not be able to schedule appointments with our office in the future.

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**Patient/Guardian Signature Date**

**Print Patient Name:**