

Eastside Family Health Center Financial Policy

The patient / guarantor is responsible for the bill for all services rendered by the provider. Provider may bill certain insurance companies strictly as a courtesy to the patient. At the discretion of the Provider, Provider will bill some health insurance agencies, auto insurance agencies, attorney / law firms, worker's compensation claims and Medicare, provided the patient is eligible for the requested medial services.

We accept assignment from the Department of Labor and Industries, Medicare, and certain HMO / PPO's as payment in full, subject to payment of your copays and deductibles.

If the claim is rejected, the patient will be responsible for the differences of any amounts due.

Any deductibles not met, differences in coverage, applicable co-insurance payment, as well as services not covered under your insurance contract, must be paid at the time of each office visit. The amount paid should be 50% of the amount up to \$100.00.

It is the patient's responsibility to provide accurate and complete insurance information at each visit to ensure efficient billing.

Patients who have no insurance coverage or whose insurance we do not bill directly will be required to pay for all medical services at time of each visit.

Finance charges may be assessed on unpaid patient balances beginning of the 60th day after charges have been incurred. The interest rate shall be 12% per annum, or the maximum allowable rate according to RCW 19.52.020(1). After the 120th day patients with unpaid balances may be discharged from practice. Re-admittance into practice is based on balance resolution and / or Provider discretion.

All patients paying for balances via personal check will be responsible for an additional fee of \$35, per RCW 62A.3-515&520 on checks returned from bank containing "Non-Sufficient Funds" and / or issues a stop payment order on credit card.

Patient Signature

Date