LAKE OSWEGO HEALTH CENTER POLICIES AND FINANCIAL AGREEMENT

Patient/Clinic Communications

Privacy regulations restrict the methods we can use to communicate protected health information with you. We utilize a secure portal to share your medical information with you, as well as to communicate when you have questions about your treatment. Please do not send questions about your health condition or treatment through unsecured email.

Certain records, such as lab results, require a review with your provider prior to being shared through the portal.

If you are comfortable with having us leave information on your voicemail, please enter the number and your initials here: (___)_____/ _____

If you are comfortable having us share your health information with someone else, please enter their name and your initials here: _____/____

You can ask us not to use or share certain health information for treatment, payment, or our operations, but we may say no if it would affect your care.

Prescription Refills

If you need a prescription refilled, contact your pharmacy to have them send an approval request to your provider.   Refills require at least 48 hour processing time. Some medications may also require a prior authorization from your insurance company, which will require additional time.

If you have any concerns about your prescription or would like a medication change, please schedule an appointment with your provider to discuss options.

Refills may be denied if your treatment plan indicates that bloodwork or other followup is necessary first.

Records Request

We require a signed authorization from you to release records to outside parties which we will provide to you as needed. Administrative fees will be charged for any records processing, whether for you or to a third party. This fee is dependent on the size and complexity of the request.   We will provide you with the cost for this service at time of request.

Referrals

From time to time, we may need to refer you to an outside facility for certain services. It is your responsibility to determine which facility is appropriate for you by checking (a) whether they are in network with your insurance; and (b) that they can schedule you for an appointment at a time that meets your needs. Your provider will then send the referral to the facility of your choice.

Payment for Services

Patients are responsible to pay for services provided.   If you have insurance, we will submit a claim for covered services; however, any remaining unpaid balance will be billed to you directly. Your insurance company may require a referral and/or prior authorization for visits and treatments.

We offer a time of service discount of 20% for office visits paid on appointment date. This option is available for patients who do not have an insurance plan our office is contracted with. We will not bill insurance when this discount is taken.

Payment in full is due at time of service for any procedures not billable to insurance.

Bills are sent monthly for amounts not covered by insurance.   If you do not pay your balance due within 30 days of receipt, a 9% administrative fee will be charged monthly until the balance is paid in full. Patients who accrue significant past due balances may be denied future service at the discretion of the clinic.

We accept all major credit cards.   You may pay through the portal, call our office to pay via phone, or mail a check to

> Lake Oswego Health Center
> 470 6th Street, Suite C
> Lake Oswego OR 97034

Refund Policy

All sales are final for products purchased.   Service packages may not be refunded, changed, or transferred.

Cancellation Policy

If you need to cancel or reschedule your appointment, please do so at least 48 hours prior to your scheduled visit (48 hours for a new patient visit).   Cancellations that do not meet these timeframes are subject to fees of $80 for office visits, $20-300 for procedures dependent upon length of appointment, which will be billed directly to you.

By signing below, you acknowledge that you have read and understand the above policies.

_____   _____
Signature   Date