

INSTITUTE OF DIABETES & ENDOCRINOLOGY, PC
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CO-PAY AND DEDUCTIBLE POLICY

As you know, the cost of medical care is rising at an alarming rate, which is disturbing to all of us. Part of this rise is due to the increasing cost of sending statements to our patients. To keep down the cost of the billing, we would like to explain our office policy.

We ask that all office visits and services be paid for at the time they are provided. The exceptions to this are patients covered by companies with whom we have signed participating agreements. These include, but are not limited to, the HMO's (Health Maintenance Organizations): Regence/HMO Oregon, Health Net, ODS, and Preferred Choice 65. We also participate in Medicare and Providence Preferred programs. If you are covered by the Oregon Health Plan, we are specialists for Care Oregon, DCIPA, DOCS IPA, and MRIPA.

Those patients that have the following insurances will be given laboratory orders to be drawn at their respective draw stations: Lab One, Health Future, MRIPA, FAMCARE, and Cascade Comp Care. Please inform your provider and the laboratory of your coverage. Failure to do so will result in laboratory expenses that will be paid by the patient.

If your insurance is an HMO, you are required to obtain an authorization from your primary care provider, your family physician, or nurse practitioner before we can see you. This would allow us to see you during a specific time period and for a specific number of visits. It is extremely important that we know this information before your appointment. We will make every effort to help you with this. If we do not have an authorization at the time of your visit, you will be asked to sign a waiver that makes you responsible for services performed on that day. If you do not wish to sign the waiver, your appointment will be rescheduled. **Please come prepared to pay your co-pay whenever you are seen. Failure to do so will result in an additional charge or rescheduling your appointment.**

For non-HMO insurances with whom we participate, **please come prepared to pay your co-payment and deductibles.** Arrangements can be made when expenses require installment payments. If you need to discuss a budget plan, please contact our billing department before your initial appointment and any time thereafter, if the need arises.

We understand that it is a burden for many of our patients to bill their insurance(s), so we have decided to provide this service for them. **We will bill your insurance company if you will provide us with current insurance information. Please bring all of your insurance cards to the office with you and notify us whenever there are changes in your coverage.** If you would rather bill your insurance company yourself, and we are not providers with the company, please let us know. We are not providers for and do not see patients with industrial injury or vehicle claims.

Please mail the enclosed registration and patient information forms back to us. If you are able to make photocopies of your insurance cards, please do so.

Please bring all of your medications in their original containers to your first appointment, including your non-prescriptions, vitamins or mineral supplements.

I have read and understand this policy and accept the responsibility of its terms.

Patient Signature

Date