



## Financial Agreement

**Insurance:** Praxis Health participates with Medicare, Medicaid, and many Commercial insurances and agrees to file claims with your primary and secondary insurance as a courtesy to you. While Praxis may have an agreement with your insurance plan, it is your responsibility to verify whether your specific policy is in-network prior to scheduling an appointment with our providers. Failure to do so may result in you paying an increased out-of-pocket for your visit. It is also your responsibility to understand your coverage and benefits. Although our office can provide you with a cost estimate for our services, it is the insurance company that makes the final determination of eligibility, coverage, and total balance payable from you. Our office will attempt to pre-collect copays and deductibles at the time of your appointment; any remaining balances will be due and payable within 30 days of your insurance plan determining your responsibility.

**Liability Claims:** If the reason for your visit is related to a work-related injury or auto accident, you are responsible for providing Praxis Health with the claim number, date of injury, the workman's compensation or insurance carrier's name, billing address, and/or any other information necessary to file the claim. If you do not provide this information at the time of service, you may be held responsible for the full balance from your visit(s). Our practice will only bill the patient's Person Injury Protection (PIP) coverage for auto accidents; we do not bill at-fault/third party coverage.

**Fee Schedule:** Praxis Health's fee schedule is subject to change based on current Relative Value Units (RVU) and what is usual and customary for our service area. Our services are provided on a voluntary basis and our fees will be provided to you upon request. You are responsible for payment regardless of any other company's arbitrary determination of usual and customary rates. Our practice does not accept assignment of "reference-based pricing" for those companies that do not utilize an insurance network. We do offer a 20% cash pay discount off our standard fee schedule for individuals being balance billed due to non-contracted, non-covered, or out-of-area coverage when services are rendered voluntarily. Emergent services rendered by our providers involuntarily will not receive a surprise bill in compliance with ORS 743B.287.

**Patient Responsibility:** When an account balance becomes your responsibility, the balance is due upon receipt of the first account statement from Praxis Health and its affiliates (High Lakes Healthcare, Oak Street Medical, Pendleton Family Medicine, NW Medical Associates and Pacific Medical Group). It is your responsibility to ensure Praxis has your current contact information on file in order to ensure prompt receipt of your payment and avoid past due balances. If any part of the account balance becomes delinquent, then the account balance may be forwarded to an outside agency for collection. If you need to set up a payment plan, please contact our Patient Billing Advocates by e-mail at [billing@adaugeohealthcare.com](mailto:billing@adaugeohealthcare.com) or toll free at (877) 708-1119.

**Returned Checks:** A fee of \$35.00 will be charged for any checks returned due to stop payment or insufficient funds.

**No Show/Late Cancellation:** A fee of \$45.00 may be charged for failure to show up for your appointment on time or failure to notify us of cancellation 24 hours prior to your appointment. If you arrive more than 7 minutes late to your appointment, you may be asked to reschedule.

### CASH PAY POLICY

Patients without medical insurance are required to pay \$150.00 at the time of service to see a primary care provider. Please note that your balance may be more than the above stated amounts and will be determined based on actual services rendered during your office visit. Any patient without medical insurance who is paying in cash for an office visit will receive 20% off of their end balance.

**By signing below, I certify that I have read and understand the Praxis Health Financial Agreement and Cash Pay Policy and accept financial responsibility for payment of any fees associated with my care.**

Patient/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_