



Asthma Allergy Centre – Tigard, Beaverton, Newberg, McMinnville

Financial Policies and Responsibilities

Please be advised it is your responsibility to understand your medical benefits as defined by your plan. As a courtesy to you Asthma Allergy Centre will bill your medical insurance. However, medical services provided to you are your responsibility. Any unpaid balances, 90 days past the billing date, are your responsibility. Please also be advised this office cannot accept responsibility for collecting an insurance claim for negotiating a settlement on a disputed claim and you are responsible for timely payment on your account. **All co-pays** are due the date of service. You may also be responsible for an **annual deductible and co-insurance** as stated by your insurance contract. We will notify you of any servicing that may not be covered by your insurance prior to providing the service.

It is your responsibility to maintain a current referral if required by your insurance. If services are rendered without a referral on file, you are responsible for those charges.

This office uses Quest, LabCorp, and Providence labs. If your insurance requires a different lab it is your responsibility to inform our staff. Furthermore if a prior authorization is required you must notify our staff. We will be happy to facilitate one for you.

Records requested for personal use are subject to \$25 fee for 10 pages and \$0.25 each additional page.

Please understand that should you need to cancel your appointment you must do so within 24 hours of your appointment time. Your account will be charged a \$50 fee without 24 hour notice.

Any accounts not paid in full within 90 days or are without a payment arrangement may be sent to a collection agency. A fee of \$75 per account will be charged and is your responsibility. Any subsequent visits will be on a cash only basis. There is a \$25 fee for all checks returned. If you are having financial difficulties please contact our billing office at (503) 620-5614 for a payment arrangement.

Signature_____

Date_____

Signature on file

I authorize Asthma Allergy Centre to furnish my insurance company with all information requested concerning my claim. I assign all benefits to Asthma Allergy Centre from my insurance policy or other policies covering my condition. I agree all benefits are to be paid directly to Asthma Allergy Centre. I have read and fully understand the above information. All questions have been answered. Also, a photocopy of this assignment shall be considered as effective as the original.

Signature_____

Date_____

**Asthma Allergy Centre
Tigard Office –**
Hwy 217 at Greenburg Rd.
9735 S.W. Shady Lane, Suite 102
Tigard, OR 97223
(503) 620-5614

**Asthma Allergy Centre
Beaverton Office –**
1960 NW 167th Place, Suite 102
Beaverton, OR 97006
(503) 645-8427

**Asthma Allergy Centre
Newberg Office –**
460 Villa Rd
Newberg, OR 97132
(503) 538-7348

**Asthma Allergy Centre
McMinnville Office –**
2185 NW 2nd St. Suite C
McMinnville, OR 97128
(503) 434-9435