

# DESCHUTES

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# RHEUMATOLOGY

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Daniel Fohrman, MD• Dr. Amy Madison, MD• Molly Omizo, MD• Tianna Welch, PA

## DESCHUTES RHEUMATOLOGY/DESCHUTES OSTEOPOROSIS

### Notice of Privacy Practices/HIPAA

Deschutes Rheumatology Notice of Privacy Practices gives information about how Deschutes Rheumatology may use and release protected health information about you.

I understand that:

- I have the right to receive a copy of Deschutes Rheumatology Notice of Privacy Practices.
- I may request a copy at any time.
- This notice may be revised.
- I am entitled to a copy of any revised Notice of Privacy Practices.

By signing below, I acknowledge the above and that I have received or have been offered a paper copy of Deschutes Rheumatology's Notice of Privacy Practices.

By signing below, I agree to receive medical care from Deschutes Rheumatology.

I understand that:

- This consent to treatment will be in effect as long as I am seen at Deschutes Rheumatology.
- I may cancel this consent in writing, except for the information that is already used or disclosed.

### **CONSENT TO DISCLOSURE OF PROTECTED HEALTH INFORMATION:**

By signing this form, I understand and agree that Deschutes Rheumatology may use or release my protected health information for purposes of:

- Providing Treatment;
- Payment;
- Healthcare operations;
- As is reasonably necessary to comply with any court order, subpoena, or any other legal requirement(s) or regulation(s) as long as a separate authorization is not required under HIPAA regulations; or
- As in otherwise permitted under HIPAA regulations. I have the right to request a restriction of how my protected health information is used.

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(SIGNATURE)

(DATE)

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## DESCHUTES RHEUMATOLOGY/DESCHUTES OSTEOPOROSIS

### Financial/No Show Policy

Deschutes Rheumatology Financial Policy is outlined below for your information. Please read it carefully. Our Business Office personnel is available should you have any questions at 1-877-780-1119. Our Primary responsibility is to help our patients experience good health.

#### PAYMENT/CO-PAYS

All Co-pays and Patient Balances are due and payable at the time of your visit, unless satisfactory arrangements have been made with our billing office prior to the date of service. On accounts which have established arrangements, the payment is due upon receipt of the monthly statement. To better assist our patients, we accept Cash, Checks, Visa, MasterCard, American Express and Discover. Any balance outstanding more than 60 days will bear interest of 18% per annum or 1.5% per month.

#### INSURANCE

We participate with many major health plans and we bill your insurance as a courtesy. It is the responsibility of the patient to verify that Deschutes Rheumatology has their correct insurance information and to inform Deschutes Rheumatology if there are any changes with their insurance provider. Insurance coverage not presented at the time of visit may not be honored. Please contact your health plan directly for confirmation of coverage, physician participation, and covered benefits before each appointment. We will ask you to sign a waiver for services we expect might be denied for coverage. This waiver documents that you were aware coverage for services might be denied and you agree to be financially responsible for the charges. In these cases, refusal of signature may result in cancellation of your visit.

#### RETURNED CHECKS

Checks returned from the bank for any reason will be charged an initial \$25.00 fee and \$35.00 thereafter.

#### NO SHOW POLICY

**If you fail to notify us within 24 hours of your scheduled appointment you will be charged a \$100.00 cancellation fee.**

I have read and understand the above appointment policy. I understand that there is \$100.00 charge for failing to notify the clinic within 24 hours prior to missing my scheduled appointment. I have read this policy and understand that regardless of any insurance coverage I may have, I am responsible for payment of my account. I understand that delinquent accounts may be assigned to a credit reporting collection service. If it becomes necessary to place any past due amounts with a collection agency, the account holder will be responsible for any related collection fees.

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(SIGNATURE)

(DATE)