

FINANCIAL AND PAYMENT POLICIES

Some services offered by the Clinic may be limited based upon eligibility status. Patient should verify eligibility prior to requesting an appointment.

All Patients

- 1) All primary insurances will be submitted automatically by our Patient Accounts office.
- 2) All secondary insurances will be billed provided we receive a copy of the Explanation of Benefits (EOB) and the check from the patient's primary insurance.
- 3) Statements will be sent monthly to patients for charges not covered by the insurance or the Indian Health Service. If timely payment cannot be made, special arrangements need to be made with the Patient Accounts Department. After 90 days, if no payments have been received and no arrangements made, collections proceedings will begin.
- 4) Payment to outside providers is the responsibility of the patient to that provider even when referred by our Clinic's provider.
- 5) Insurance coverage is an agreement between the patient and their insurance company to pay certain amounts for medical care. The Clinic will not accept responsibility for collecting a patient's insurance claim or negotiating a settlement on a disputed claim.

Native Americans

- 1) There are benefit limitations for dental and optometry services. Patients need to ask about benefits prior to scheduling these services. Patients are responsible for any non-covered services and full payment is required before services are rendered. Unpaid balances may be subject to garnishment against paychecks and/or per capita payments.
- 2) All Native Americans who are eligible for insurance, Medicare or Medicaid are asked to enroll so that tribal resources can be conserved. To encourage this, Native Americans are not required to pay co-pays or deductibles for office visits. If a patient thinks they might be eligible, they can ask a Patient Care Coordinator (Clinic Receptionist) for information.
- 3) Any monies received from an insurance company for services provided by the Clinic are owed to the Clinic. Occasionally, patients may receive a payment directly; if that happens, the patient should bring the check to Patient Accounts. Patient Accounts will contact the insurance company directly if no payment is received within 60 days. A letter will be sent to the insurance company.
- 4) Direct-only, except Siletz tribal members, will be charged for over-the counter and prescription medications when not covered by insurance.

Non-Natives

- 1) Medical and Vision: Patients should refer to their benefits manual or plan administrator for questions concerning covered services.
- 2) Co-pay is required at the time of service. Payment or payment arrangements are required at the time of service if the required calendar year deductible is not met.
- 3) The Clinic will initiate a Voluntary Wage Agreement with the tribal Employee's Payroll department on all outstanding account balances for which payment

arrangement have not been made. Patient should discuss payment arrangements with Patient Accounts prior to receiving services. If a service is provided but deemed un-payable by your insurance plan, Medicare, Worker's Compensation, or the Oregon Health Plan, the patient accepts full responsibility for the costs.

- 4) Self-pay patients without insurance are required to pay in full at the time of service for all services rendered unless arrangements are made in advance.