

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

### **ALL PATIENTS**

1. All primary insurances will be submitted automatically by our billing office.
2. All secondary insurances will be billed provided we receive a copy of the Explanation of Benefits (EOB) and the check from your primary insurance.
3. Statements will be sent monthly for bills owed for which insurance or the Indian Health Service did not cover. If timely payment cannot be made, special arrangements need to be made with the Billing Office. If after 90 days and no payments have been received and no arrangements made, collections proceedings will be begun.
4. Payment for referrals to outside providers is the responsibility of the patient to that provider.
5. Please understand that insurance coverage is an agreement between you and your insurance company to pay certain amounts for your medical care. Our office will not accept responsibility for collecting your insurance claim or negotiating a settlement on a disputed claim.

### **NATIVE AMERICANS**

1. There are benefit limitations for dental and optometry services. Ask about benefits prior to scheduling these services. Patients are responsible for any non-covered services.
2. All Native Americans who are eligible for insurance, Medicare, or Medicaid are asked to enroll so that Tribal resources can be conserved. This includes the Oregon Health Plan and Lincoln County services such as WIC. If you think you might be eligible, ask the receptionist for information.

3. Any monies received from an insurance company for services provided by the Clinic are owed to the Clinic. (Occasionally patient may receive a payment directly). If after 90 days and no payments have been received and no arrangements made, collections proceedings will be begun.

4. Siletz Tribal members may be eligible to access Contract Health Services (CHS) for health care that the Clinic does not directly provide. These services must be pre-approved. Refer to the CHS User's Guide for detailed information.

**NON-NATIVES** insured through Siletz Medical Health Plan

1. Medical, Vision: For questions concerning covered services please refer to your benefits manual. A co-pay of \$15 is required at the time of service for medical visits, \$10 for optometry exam and \$25 for optometry hardware

**OTHER NON-NATIVES** (not covered by Siletz Medical Health Plan)

1. Please discuss your payment arrangements with the Billing Office prior to receiving services. If a service is provided but deemed unpayable by your insurance plan, Medicare or the Oregon Health Plan, the patient accepts full responsibility for the costs.