



OFFICE PROCEDURE AND FINANCIAL AGREEMENT

CONFIDENTIALITY

1. Information will not be released without your written consent, unless required by law.
2. We are required by law to disclose information pertaining to suspected child, dependent adult and elder abuse, or the inability to care for one's basic needs.
3. The courts may, in selected cases, subpoena medical records.
4. It is understood that information regarding treatment and diagnosis will be provided to your insurance company, for the purpose of case review and management of your benefits.

RIGHTS AND RISKS

Please feel free to ask questions about any aspect of your care or appointment.

APPOINTMENTS

5. All appointments are scheduled by the receptionist or Dr. Bassett. **Late arrivals** will be billed for the full amount of time allotted for the appointment.
6. **Cancellations and or No Show appointments:**
 - Twenty four hour notice is required to reschedule or cancel an appointment.
 - If you miss your appointment, please contact our receptionist for a new appointment.
 - Late Cancellations will result in a charge of \$40.
 - **No Show appointments will be billed to the patient for the full amount of the time allotted.** Insurance Companies will not pay for late cancellations or No Show charges, in the event it is the responsibility of the patient or the guarantor.

FEES

- **All new patients will be asked to pay in full for their initial visit until insurance benefits can be verified.**
- **Insured Patients** – If you do not know the amount of your co-pay, you will be expected to pay for your visit in full at the time of service.
- Our office uses **Quality Medical Billing Service** who will bill your insurance company for services. However, even though insurance claims are submitted, you are responsible for any monies not paid by your insurance. Please be aware that if your insurance provider does not reimburse our office in a timely manner, you may be asked to do so and will be refunded when we receive payment from them.
- Phone consultations, nutritional supplements and home visits are not billable to insurance.
- **Non-Insured Patients** are expected to pay in full at the time of service. Payment plans in some circumstances may be arranged at the discretion of the Office Manager or Doctor.
- **Accounts that become delinquent after ninety days will either debit from your credit card on file, or will be turned over for collection.**

If you have any questions regarding these policies please discuss them with Dr. Bassett or our Office Manager at 503-235-2120.

I have read, understood and agree to the above policies. I may ask for a copy of these policies to take with me if I desire.

Signed: _____

Date: _____