

Covered Benefits

No two insurance policies are alike. For this reason, The Portland Clinic (TPC) cannot guarantee how your health plan will process your claims or cover your visit. It is your responsibility to understand your benefits and coverage limits for all services you receive. It is also your responsibility to make us aware of any network limitations, including preferred inpatient and lab facilities, and know your out-of-pocket benefits. If you are unsure whether (or how) a service may be covered, please contact your insurance company prior to your visit.

- **Advanced Beneficiary Notice (ABN) and Waiver of Liability:** If you are a Medicare patient, you will be asked to sign an Advanced Beneficiary Notice (ABN), if it is known to TPC that Medicare may deny payment for the specific procedure, treatment, or service you are being seen for. Signing an ABN means you agree to be personally responsible for the cost of services when Medicare denies payment. This gives you an opportunity to accept or refuse the service before it is provided. Like Medicare, a Waiver of Liability may be requested from patients with non-contracted insurance, or if it is known to us that a contracted plan will frequently deny a specific service.

Patient Cost-Share:

You are responsible for all copayments, deductibles, non-covered services, coinsurance, and items deemed not medically necessary by your insurance company. Copayments are due at the time of service, and TPC will bill all other cost-share to you after your insurance company processes your claim. Questions regarding your cost-share and benefits should be directed to your insurance company.

Self-Pay Billing and Patient Estimates

In accordance with the No Surprises Act, uninsured and self-pay patients have the right to receive a Good Faith Estimate (GFE) for an estimated cost of any non-emergency services provided by TPC. The GFE will be provided to you at least three business days before your scheduled appointment, or upon request. Please know that an estimate is not a final bill or cost of care. Estimates are based on information known to us at the time your appointment is scheduled and do not include additional services that may be ordered or provided during your visit.

As a patient, you have the right to initiate the patient-provider dispute resolution process if the balance owed is substantially more than the expected charges listed on the estimate. To find more information, or to start this process, go to www.cms.gov/nosurprises or call 1-877-696-6775.

TPC requires payment in full before services are rendered. Payment in full will include an applied 20% discount to the total billed charges.

Insurance Billing

A full list of contracted insurance plans and networks can be found on our website at <https://www.theportlandclinic.com/patient-resources/insurance-and-medicare-information/>.

TPC will bill most insurance carriers directly. By doing so, your insurance will remit payment for benefits directly to The Portland Clinic and any ineligible or non-covered expense is your responsibility. Please know that submitting a claim to your insurance is not a guarantee of payment and the ultimate financial responsibility is yours.

- **Health Sharing Programs:** Health sharing plans are commonly affiliated with different religious denominations and share funding across a member pool to pay for eligible medical expenses. Health sharing programs are not health insurance plans. We encourage you to be seen as a self-pay patient and seek reimbursement directly from your health sharing program. You can request that TPC bill your health sharing program; however, we are not required to submit claims on your behalf or to take the suggested discount from the program. If the health sharing program informs us of a lack of funding, or does not respond to our billing efforts, we will bill you directly.
- **Motor Vehicle Accident (MVA):** Patients involved in a motor vehicle accident must provide information regarding the responsible insurance within 72 hours of being seen. Under Oregon law, the primary coverage for medical services follows the car that you were in at the time of the accident, rather than the car that is at fault. We will need the insurance name, mailing address, phone number, and claim number to bill for services. You may be asked to fill out an accident billing form and sign a release of information. Failure to respond to our requests (or if MVA benefits are exhausted), will result in claims being billed to your medical insurance.
- **Non-Contracted Insurance:** If TPC does not have a direct contract with your plan, you can be seen as a self-pay patient and seek reimbursement directly from your health plan. You can request TPC bill your insurance; however, we are not required to bill an insurance that we are not contracted with. Further, we are not required to accept the suggested contractual discount from your plan. Patients with non-contracted insurance will be financially responsible for the full cost of care, as billed to your insurance.
 - Due to network and participation restrictions, TPC is unable to be a primary care provider, place referrals, request authorizations, or further coordinate care for patients with non-contracted insurance plans.
 - Contractual exceptions will be made for emergency department (ED) referrals, single-case rate agreements negotiated in advance, and/or continued care with an on-call provider you saw in the hospital.
- **Third-Party Liability:** TPC will bill third-party liability claims. It is your responsibility to notify us at check-in that a third party (other than you or your insurance) is responsible for your bill and to provide us with the appropriate billing information.

- **Vision Insurance:** TPC offers both medical eye exam and routine vision exam services. Medical exams are recommended for medical reasons (e.g., cataracts, diabetes, glaucoma, high blood pressure, eye injuries, etc.). Medical eye exams are billed to your medical insurance and are subject to your medical benefits. Routine eye exams are for patients without an immediate medical condition, focusing solely on eye exams to assess the need for corrective lenses. These visits are billed to your vision insurance. On occasion, routine exams result in findings that require further evaluation, testing, or follow-up and may be billable to your medical insurance.
 - **Refractions:** Refractions are diagnostic tests that are performed during medical and routine eye exams and help the eye care professional determine the best corrective lenses to prescribe. TPC will bill refraction to your insurance; however, if your insurance does not cover this service, you will be financially responsible for the billed amount.
- **Workers' Compensation:** TPC will bill workers' compensation. It is your responsibility to notify us at check-in that this visit is related to a workers' compensation injury. You will be asked to provide your employer's information and any workers' compensation insurance or claim information you have. You will also be asked to provide your personal medical insurance information. In the event workers' compensation denies your claim, services will be billed to your medical plan.

Past Due Balances and Patient Billing

Patients are required to provide TPC with accurate and current contact information for billing purposes. Address, phone, and e-mail updates can be made online by logging into MyChart.

Patients are responsible for all charges for services provided by TPC. Payment is due within 30 days of receiving your first statement. Failure to pay your bill will result in your account being reviewed for final placement with an outside collection agency. Once placed, TPC is unable to resolve the balance due, and you will need to speak directly with the collection agency. Patients are responsible for all outside collection and legal fees associated with outside recovery.

Payment Plans

Payment plans may be available if you are unable to make a payment in full. You can request a payment plan via MyChart or by contacting our office. Requesting a payment plan is not a guarantee of repayment acceptance. All payment plans are subject to full account review and requires satisfactory payment history.

- **Pending and Future Balances:** Payment plans do not include any pending or future balances. You must call our office to add any pending or future balances to a payment plan once you receive a bill from us. Payment plan terms (such as the amount due, the due date, and length of the payment plan) are subject to change if additional balances are added.
- **Additional Payments:** If you would like to make an additional payment towards your balance, you must call our office and speak with a live representative. Additional payments made online – or through our automated phone system – may not be applied appropriately and could disrupt your current repayment agreements.
- **Late Payments:** It is your responsibility to ensure that monthly payments are received in our office by the agreed upon due date. If payment is not received by the agreed upon due date, your payment plan will be canceled and subject to further recovery efforts. TPC reserves the right to restrict future payment plans due to non-payment.
- **Payment Compliance and Token Renewals:** The privacy of your financial information is important to us. TPC follows all Payment Card Industry (PCI) Data Security Standards (DSS). For this reason, your credit card number is not stored in our system. TPC leverages payment tokenization technology that converts your card number into a

payment token. TPC requires that all patients re-authenticate their token every six months.

Coding

Physicians follow national guidelines when coding for services. Charges are based on the cost of the procedure and the amount of professional time and skill involved. In addition to the time a physician spends with you, a considerable amount of time may also be spent analyzing tests, consulting with other physicians, and preparing reports. Physicians must code your visit based on the reason you were seen (diagnosis) and disclose the services that were provided (procedure codes). We cannot account for your individual health plan benefits when coding for services.

- **Same-Day Services and Procedures:** A visit with your provider may result in additional same-day services. In-office procedures (such as endoscopy, wart/skin tag removals, biopsies, foreign body removal, contraceptive insertion/removal, etc.), screenings for depression/substance abuse, medication and vaccine injections, lab, radiology, pathology, and other ancillary services may be ordered and performed during your visit at TPC. We are required to code for all services performed with the reason the care was provided. Although performed in office, some procedures may be considered “surgical” under your policy, regardless of where care was received.
- **Same-Day Routine and Problem-Focused Care:** There are times when your provider may evaluate and manage a new or existing medical condition during a preventive visit. Insurance companies want us to provide regularly scheduled, routine care during physical exam and annual wellness visits. If an acute condition (such as an ear infection or fever) or a chronic condition (such as diabetes or asthma) is also evaluated and managed on the same day, we are required to report that service to your insurance company along with the services provided for routine care.
- **Diagnostic v. Preventive:** Preventive services are routine services that prevent and identify the early onset of health problems. Diagnostic services help your provider diagnose or monitor a new or existing health problem – or learn more about the symptoms you are having.

Routine lab, screenings, and other tests are ordered regularly at recommended intervals for preventive care. However, it is possible that your provider may also order labs, imaging, and other procedures/services for problem-focused reasons on the same day as a preventive exam or annual wellness visit. In this instance, TPC is required to bill your insurance with the appropriate problem-focused diagnosis code and cannot alter the reason to be preventive.

- **Annual Wellness Visits (AWV) and Complete Physical Exams (CPE):** Medicare covers an Annual Wellness Visit (AWV) for their members. However, this is different from (and is not inclusive of) a Complete Physical Exam (CPE). Medicare does not cover CPEs for their members. If you are a Medicare patient, and request to have a full physical exam, you will be required to sign an Advance Beneficiary Notice of Noncoverage (ABN) at check-in. Signing an ABN means you accept the financial responsibility for the full physical exam.
- **Telehealth, Phone, and E-Visits:** Appointments with health care providers can also occur by phone or via MyChart. You are responsible for all patient cost-share following a telehealth, phone, or e-visit. Telehealth and phone visits are scheduled appointments with your provider that are billable to your insurance. An e-visit is not a scheduled appointment; however, it is a digital service that occurs via MyChart and is also billable to your insurance. These visits do not necessarily occur between you and the provider at the same time. An e-visit is initiated by you with your consent, occurs via MyChart messaging, and requires a clinical decision that would have otherwise occurred in the medical office.
- **Drug Wastage.** TPC purchases various medications, drugs, and immunizations that are specifically packaged by the manufacturer in single or multi-dose vials. TPC will administer the most appropriate size vial, or combination of vials, to deliver the dose to you in both a clinically appropriate and cost-effective manner. Multi-dose vials are

manufactured and supplied in vials that contain more than one dose of medication. Single-dose or single-use vials are manufactured and supplied in vials that are meant for one time use in a single patient or a single procedure. If you receive a medication or drug that is packaged as a multi-dose vial, you will only be billed for what was administered to you. If you receive a medication or drug from a single-use vial, we are required to bill for the amount that was administered to you. We are also required to report the remaining amount to your insurance as discarded drug wastage. Please know that drug wastage may be covered under your insurance policy and subject to deductible, copay, and coinsurance responsibilities. You are responsible for repaying all cost-share as indicated by your insurance plan.

Fees From Non-TPC Providers and Locations

Our fees are for our services and facilities only. There are times when non-TPC providers and non-TPC facilities may be involved in your care. These co-providers will bill you directly for their services (e.g., outside laboratories, radiology, and pathology facilities, anesthesiologists, surgical assistants, and hospitals).

TPC will make every effort to use in-network co-providers according to the insurance information we have on file; however, there are times when an out-of-network co-provider may be involved in your care. For example, your lab work may be sent to an out-of-network reference laboratory if in-network options are not available.

If you have questions or concerns about a bill you receive from a non-TPC provider or non-TPC facility, you must contact them directly. We are unable to remedy issues related to their pricing, the amount they say you owe, or how your insurance company processed their claim.

Please know that employer groups and insurance companies can make changes to preferred labs, facilities, and other co-providers at any time. Patients are responsible to know their benefits and inform TPC of any preferred lab, facility, and other co-provider changes.

Referrals and Pre-Authorizations:

TPC will attempt to obtain a referral from your primary care physician if your health plan requires one. If you choose to be seen before you have received a valid referral or prior authorization, your insurance may not cover the visit. You may be asked to reschedule your appointment until the referral or authorization has been obtained. If you choose to be seen regardless of referral or prior authorization status, you accept full financial responsibility for the care and services provided.

Form Fees:

TPC providers may assess a fee for forms completion. Fees will vary based on the type and number of forms requested.

Missed Appointments/Late Cancellations:

If you are unable to keep your appointment, please cancel at least 24 hours prior to your scheduled appointment. Appointments that are canceled with less than 24 hours' notice are subject to a missed appointment/late cancellation fee of \$50.

Procedures scheduled at an ambulatory surgical center require a 14-day notice for cancellations. Appointments canceled with less than 14 days' notice are subject to a \$400 missed surgery/late cancellation fee.

Procedures scheduled at an offsite hospital require a 30-day notice for cancellations. Appointments canceled with less than 30 days' notice are subject to a \$400 missed surgery/late cancellation fee.

Returned Checks/NSF Fees:

Checks returned for insufficient funds will result in a nonsufficient funds fee (NSF) of \$35 being applied to your account.