

Children's Clinic of Klamath - Policies

Initial

- _____ 1. Same Day Appointments: Our office leaves several appointment times open for URGENT medical appointments. We ask~ that you call ahead and schedule the same day appointment. If time is available and the medical issue is emergent, you will be worked in. Scheduled appointments are given priority.
- _____ 2. Appointments: If you are late for your child's appointment we will make our best effort try to work you back into the schedule, however, you may be given another appointment time depending on how late you are and how full our schedule is. We do our best to stay on time during clinic hours, however there are occasional emergencies in the medical profession which require us to reschedule appointments. We appreciate your understanding and patience.
- _____ 4. Financial Policy: As a courtesy, our office will bill and attempt to collect from your insurance provider. You, as the child's parent or guardian are ultimately responsible for all services provided by our office on behalf of your child. It is your responsibility and in your best interest to provide us with current and accurate insurance information at the time of each appointment. You will be required to pay any co-pay due prior to each appointment. If you are uninsured or unable to provide verification of coverage, you will be asked to pay for the visit in full prior to being seen. Our accounts are handled by Basin Billing and you will need to contact them with any questions regarding your account. Their telephone number is 541-882-1540. There will be a \$50 charge on all returned checks. If we are forced to send your account to collection status, you will be charged all fees (including attorney fees) associated with it. Patients who have accounts in collection status may not be seen at the clinic.
- _____ 5. No Show Policy: Any scheduled appointment that is missed without calling to reschedule or cancel a minimum of 24 hours prior to the appointment it will be marked as a No Show. If this is a first time occurrence, we send a "missed appointment" card. If there are 2 No Shows on record in the account within a 6 month period, there will be a No Show Fee and, and at our sole discretion, you may be discharged from the practice. In the event you are discharged from the practice you will be sent a letter from our office and you will have 30 days to find another physician. Copies of discharge letters will also be sent to your insurance carrier.
- _____ 6. Non-Covered Services: Some services may not be covered by your insurance carrier. It is your responsibility to ensure that all visits/services are authorized prior to requesting them. You will be financially responsible for any services and/or supplies provided by this office that are not covered by your insurance policy.
- _____ 7. Privacy Policy: We may need to contact you about your appointment, medical and/or billing information. I authorize the Children's Clinic of Klamath to leave information on the telephone number I have provided to them. I agree to keep the Children's Clinic of Klamath informed of any change in my address and/or telephone number.
- _____ 9. Medical Records: In the event you move out of the area, please give us at least 48 hours to copy your child's file. We will provide you with one copy of all records originating in this office. There will be a charge for additional copies based upon the fees set forth in Oregon's revised statutes. It is our policy that patients transferring out of CCK to another local physician will not be accepted back as patients to CCK unless the change was made by a medicaid plan without the parents knowledge or consent.

I have read and understand the above policies and that this document will be placed in my child's file.

DATED: _____

Parent/legal guardian