



## FINANCIAL POLICY

### 1. Payment

- a. **Payment is due in full at the time of service**, unless other arrangements have been made in advance with the approval of Dr. Kate LLC.
- b. **Dr. Kate LLC does NOT accept or bill insurance. The patient (or legal guardian) is responsible for payment in full.**
  - i. Dr. Kate LLC will provide a superbill on request for the patient to bill their insurance provider. This is optional, and is the responsibility of the patient. **Dr. Kate LLC makes no guarantees of any insurance reimbursement to the patient, this will vary based on policy. The patient is still solely responsible for all payment and fees due to Dr. Kate LLC.**
- c. Dr. Kate LLC accepts the following forms of payment:
  - i. All major debit and credit cards, including Visa, MasterCard, Discovery, American Express, etc.
  - ii. Personal checks
  - iii. Cash; exact change only

### 2. Late payment and nonpayment

- a. **If an account is over 30 days past due, the patient will be notified by mail that they have 10 days to pay their account in full.** Partial payments will not be accepted unless agreed upon in advance by the patient and Dr. Kate LLC.
- b. For balances that remain unpaid 30 days or more past the date of notification, as specified in 2a, **the past due account may be referred to a collection agency, and the patient, as well as any immediate family members, may be discharged from this practice.** In such a scenario, Dr. Kate LLC's Patient Termination Policy will be followed. Please see [www.drkate.net/office-policies](http://www.drkate.net/office-policies) for the full Patient Termination Policy.
- c. If the patient defaults or does not pay for treatment provided, Dr. Kate LLC is entitled to recover the full amount of the debt owed for medical services and is entitled to the right of recovery of all collection expenses, including litigation or arbitration costs, and reasonable attorney's fees incurred for the purpose of securing payment. Collection expenses and/or attorney fees include the fee charged to Dr. Kate LLC to complete collection.

### 3. Dishonored ("Bounced") Check Policy

- a. Personal checks are an accepted form of payment with Dr. Kate LLC.

- b. Negotiating a bad check is a Class A misdemeanor in Oregon for the first offense, and a Class C felony if you have been convicted in this state in the past 5 years for criminal charges related to writing bad checks.
- c. **If Dr. Kate LLC receives a returned check from our bank for a payment by or on behalf of a patient**, a Notice of Dishonored Check will be sent via certified or registered mail, with return receipt, within 30 days of receiving notification of the dishonored check. **An invoice will be included for the original amount of the check plus a \$25 bank fee per check, or 5% of each check amount, whichever is greater. The payment for said invoice will be due within 10 days of the invoice date, and may not be paid via personal check.**
- d. Dr. Kate LLC reserves the right to re-submit the original dishonored check for payment, to pursue collection of statutory damages in accordance with ORS 30.701 if the outstanding debt is not paid by the date indicated, and/or to decline provision of further medical treatment to any patient who owes a debt on their account (unless urgent and directly related to a former treatment prescribed or administered by Dr. Kate LLC, for which qualified replacement professional care cannot be found. See Patient Termination Policy for more details).
- e. **If a patient writes two or more bad checks over any period of time to Dr. Kate LLC, Dr. Kate LLC reserves the right to require payment in full prior to any future visits, and/or to demand future payments from that patient in non-check forms only, and/or to discontinue care with that patient, in accordance with the Patient Termination Policy.** Please see [www.drkate.net/office-policies](http://www.drkate.net/office-policies) for the full Patient Termination Policy.

#### 4. Missed appointments and late cancellations

- a. **A \$50 fee will be charged for all missed appointments and appointments cancelled less than 24 hours in advance.** If the appointment is on a Monday (or a Tuesday following a weekend on which Monday is a nationally recognized holiday), cancellations must be made by 5 pm on the Friday prior to the appointment.
- b. These charges will be the responsibility of the patient, and will be billed directly to the patient.
- c. Patients may be discharged from this practice if:
  - i. They have 2 or more missed appointments or late cancellations within a 6 month period.
  - ii. They have 3 or more **consecutive** missed appointments or late cancellations over any period of time.
  - iii. In such a scenario, Dr. Kate LLC's Patient Termination Policy will be followed. Please see [www.drkate.net/office-policies](http://www.drkate.net/office-policies) for the full Patient Termination Policy.

#### 5. Discounts

- a. Discounts for services and/or products may be offered by Dr. Kate LLC at their discretion.

## 6. Laboratory and imaging orders

- a. In general, fees associated with medically necessary laboratory and imaging orders should be covered by the patient's medical insurance at a rate consistent with their policy.
- b. Please note that some testing that is considered medically necessary or useful by Dr. Kate LLC may not be considered so by a patient's insurance company.
- c. **Dr. Kate LLC does NOT guarantee coverage by the patient's insurance of such testing procedures. The patient is responsible for knowing the coverage and limitations of their insurance policy. If cost may be an issue, patients should contact their insurance company to verify their benefits prior to receiving testing.**

## 7. Additional charges

- a. In addition to the cost of the visit, Dr. Kate LLC may recommend supplements, body work, or other services or products that are associated with an additional fee. The patient will be notified of this verbally prior to any financial transaction, and has the right to decline any and all recommendations for additional purchases made by Dr. Kate LLC.
- b. Supplements
  - i. **Supplements ordered by Dr. Kate LLC on behalf of a patient will be shipped to their home following the visit, however payment will be due in full at the time of the visit.**
  - ii. Unopened supplements may be returned to Dr. Kate LLC for a full refund within 30 days of receiving them.
- c. Laboratory and imaging orders
  - i. Select specialty laboratory test kits may be purchased directly from Dr. Kate LLC, with payment due in full at the time of the visit.
  - ii. All other laboratory and imaging orders will be carried out via a third party, and Dr. Kate LLC will not be responsible for or involved in the fees associated (see 5, above).

An itemized receipt for each visit and transaction will be made available to the patient on the Patient Portal (accessible via [www.drkate.net/patient-portal](http://www.drkate.net/patient-portal)) within 72 hours of the encounter.