541 Willamette Street Suite 208B, Eugene OR 97405 ■ (541)-636-0131 ■ amandalies.com

Office and Financial Policies

Thank you for asking me to participate in your health care. The following is an outline of my office policies. I ask that you take the time to read, initial next to each items and sign at the bottom of this form. Please ask any questions you may have before signing this agreement.

1. I ask that your appointments be paid in full until your annual deductible has been met. Thereafter, I ask for a copayment that is commensurate with your insurance policy at each scheduled visit.
2. If you have no insurance coverage, I ask that you pay for each visit at the time of the appointment.
3. In the event that we are unable to collect on your account, please be advised that any uncollectable fees may be turned over to a collection agency. In the event that your account is turned over to a third party for collections, the third party may be notified of the reason for service, i.e., Counseling. We will make every effort to work with you before this happens.
4. Since rebilling accounts is costly, balances due over 30 days will be charged a $10 rebilling fee. All returned checks are subject to a minimum of $10 service fee.
5. Please understand that we can only discuss your account with the patient on the account or the person(s) who sign as the Responsible Party on the account. We cannot discuss the account with spouses, parents or others unless they have signed to be responsible for the account or we have your signed permission to discuss the account with them.
6. If you need to cancel an appointment for any reason, i.e., schedule conflicts, illness, childcare, I must have 24 hours' notice. Appointments not cancelled 25 hours in advance will be charged to you at full fee. Insurance will not pay for missed appointments.

Patient's signature Date