



# ADVANCED SPECIALTY CARE

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## FINANCIAL AGREEMENT

Dear Patient,

Some procedures may or may not be covered by your insurance. We will help you receive the maximum allowable benefits from your plan, but we will need your assistance.

### OUR POLICY

As a courtesy, we will send whatever medical information is needed to your insurance company in order to obtain authorization or coverage of our services. We provide your insurance the required information on procedures, diagnoses and our charges. This process can vary from as short as one (1) week to eight (8) weeks depending on your type of surgery. If approved, we will obtain how much your insurance will pay. It would be helpful if you knew your coverage prior to seeking our services. However, we also recognize that insurance policies can be confusing, that is why we have qualified staff to help you through this process.

Please be aware not all services are a covered benefit. Some insurance companies arbitrarily select certain services they will not cover such as gastric and some vein treatments. If the insurance company does not consider the service a covered benefit, but an elective procedure, then you will be responsible for all non-covered services.

If your services are denied and you question the insurance company's decision, you can submit a request and appeal for review and hope that the insurance company reverses their decision and authorizes coverage. Please understand that we have no control over whether they will respond to your request or how long it will take; however we will help you gather information and be there for you during the process. If your request is still denied, then the services are non-covered and you will be responsible for payment if you choose to go forward with the procedure.

**Medicare** – Advanced Specialty Care accepts assignment with Medicare and will file your claim to Medicare. You will be responsible for the Medicare co-insurance amount (balance) and deductibles. Medicare does not allow pre-authorization of services; as a result you will be responsible for all non-covered services/supplies if the claim is denied. Example – Medicare does not pay for sclerotherapy on spider veins or compression hose. You would be responsible for payment for these services and no claim would be sent to Medicare.

**Payments** – Payments for services not covered by insurance are due at the time that services are rendered unless payment arrangements have been approved in advance by the coordinator. All other balances must be paid within 90 days of the date of service and a down payment is required for some surgeries. All returned checks and balances older than 90 days will be subject to additional collection fees and interest charges of 1.5% per month.

While filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. We realize that temporary financial problems may affect timely payments on your account. If such problems arise, we encourage you to contact us promptly for assistance in managing your account.

I have read and fully understand the above statements regarding payment policies and agree that I am responsible for any fees incurred on account of services provided to me.

\_\_\_\_\_  
Patient/Guarantor Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date