JAY Y. PARK, MD

360 South Garden Way, Suite #230 Eugene, OR 97401

Phone: 541-344-4168 Fax: 541-743-2306 <u>drjaypark.com</u>

Financial Policy

Payment for service is due in full within 90 days of the date of service. Should you have any questions regarding this policy, please contact

Dianne at (541)344-4168 Ext 201

Medicare Patients: We participate with Medicare, which means we accept assignment and bill you for the 20% coinsurance, deductible and non-covered charges. We will also bill your secondary or supplement insurance carrier for you.

Surgery Fees: Please check with your insurance for your deductible and limitations. It is your responsibility to know and understand your insurance policies and limitations. Prior authorization may be required.

Past Due Balances: If your insurance does not pay your account in full within 30 days of service, you will responsible for the balance. Balance in full is due within 90 days of the date of service. If you do not abide by this payment agreement and your balance becomes delinquent, you understand that your account may be forwarded to a collection agency. You agree to pay any collection cost, including attorney fees.

ASSIGNMENT OF INSURANCE BENEFITS:

I assign medical benefits paid by my insurance carrier(s) to Jay Y Park, M.D., P.C., for application to my bill. I acknowledge that I will be billed for charges not covered under my insurance policy.

RELEASE OF INFORMATION:

I HEREBY AUTHORIZE Jay Y Park, M.D., P.C. to furnish the insurance company(s), employer, other payor(s) or their representatives, of either myself or the subscriber, or to the referring physician, any and all information required to process my claim.

Patient Name (PLEASE PRINT)	
(SIGNATURE)	 Date