



## EVERGREEN SURGICAL CLINIC Financial Policy

EVERGREEN SURGICAL CLINIC is committed to providing the highest level of quality medical care and personal service to our patients. We feel it is the patient or the guardians' responsibility to meet their financial obligations.

As we see patients from many different insurance plans, it is impossible for us to know all the covered benefits, co-pays and deductibles for each plan. In addition, your insurance company will not guarantee payment to us. While it is our intention to assist, it is still your responsibility to ensure that all services rendered are paid in full. In order to clarify EVERGREEN SURGICAL CLINIC'S Financial Policy, our requirements are listed below:

### Appointments

As a courtesy, 24 hours notice is expected if you need to cancel or reschedule your appointment. Missed appointments may be assessed a fee.

### Financial Responsibility

You, the patient (or the patient's guarantor), are ultimately responsible for all charges associated with your care regardless of insurance coverage. Co-payments and Deductibles are a contract responsibility between the patient and their insurance. These amounts are non-negotiable.

### Patients Without Insurance Coverage

Payment at the time of service is required. We offer a 5% discount on office visits and a 20% discount on surgical procedures if paid in full at time of service. Before being seen, we require a deposit of 150.00 for all new patients. If necessary, short-term payment plans are available, but must be requested prior to the services being performed.

### Participating Insurances

We participate with a variety of insurance plans. It is your responsibility to:

- Verify with your insurance that we are a contracted provider
- Bring your insurance card and picture ID to every visit
- Be prepared to pay your co-pay before each visit (cash, check, Discover, Am Ex, Visa or Mastercard)
- Bring any required referral for treatment prior to or at the time of your visit

### Auto Accidents

As a courtesy to all our patients, if you have all of the necessary information, we will bill the third party insurance one time for you. Please note that we will not hold for third party payment longer than 90 days.

### Workers Compensation Claims

If your visit is for a work related injury, we will need you to fill out the necessary paperwork for the State of Washington Labor & Industries or provide us with your claim information. If your employer is self insured with another carrier please bring the appropriate paperwork and/or billing information. Please be advised that our office is required by law to report all work related injuries.

### Pre-Surgery/Pre-payment

Your insurance carrier will be contacted to verify benefits and eligibility prior to surgery. We will also assist you in estimating your costs. Pre-payment of deductibles may be required.

### Additional Charges

- For checks returned for Non Sufficient Funds, a \$35 fee will be charged to your account.
- A service fee of \$10.25 will be charged monthly on all balances not paid in full after 45 days  
If payment arrangements have been made and the arrangements are being honored - this fee may be waived, depending on the terms of the arrangement. Service fees will resume if payments are not met according to the agreement.

### Collection Accounts

If your account is sent to collections, you will need to contact our collection agency. We may require that you pre-pay visits after having a bad debt account with us even if you have paid the amount owing with the collection agency.

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