

Patient Label Here

SELF-PAY AGREEMENT

***Note: It is a patient's/patient's representatives responsibility to read this agreement.** Rev. 8/2015

<input type="checkbox"/>	<p>By initialing the box, you verify that you are electing to pay in full for your office visit today and understand: The discounted rates/fees listed on this form are valid only on the date of service.</p> <ul style="list-style-type: none"> We do our best to collect all charges at the time of service, if a charge is missed by our clinical staff, our billing office will bill you for any missed charges at the self-pay rate. <p>If you leave without making payment in full, this visit will be billed at full insurance rates and your deposit will be applied to your statement. The discounted rates will no longer be available. Registration only collects a routine office visit fee as a deposit upon registration; self-pay fee schedule is included for your convenience.</p>
<input type="checkbox"/>	<p>By initialing the box I understand that the discounted rates listed for the routine/complex office visits and procedures are for the exam/procedure only. Additional fees will be charged, and not discounted, for medications/vaccinations/treatments/supplies/x-rays, etc.</p>
<input type="checkbox"/>	<p>ASK QUESTIONS IF YOU HAVE THEM <i>By initialing the box next to this box I understand:</i></p> <ul style="list-style-type: none"> Legacy Labs and PeaceHealthLabs are the facilities that Urgent Care use to perform all of our outpatient lab test . Any billing questions, costs or questions with regards to their procedures needs to be directed to the lab. Staff/practitioners are not able to quote prices or offer any discounts on any laboratory rates. PeaceHealth Labs can be contacted at 1-800-826-3616, option 3. Legacy Labs can be contacted at 1-800-233-3570 for any billing questions. If you receive an x-ray today it may be sent for an over-read. It is Urgent Cares, Prime Care Partners & Junction City Medical Clinics policy that X-Rays of the chest and spine be sent for over-reads to Radiology Associates. You will receive an independent bill from that facility when an over-read is ordered. This is a cost associated with your care and is the patients responsibility. Durable Medical Equipment may be dispensed from Synergy. Paperwork completed at the time of service is an agreement between the patient/rep. and Synergy. Any billing questions/equipment concerns/returns/refunds will need to be addressed by Synergy. Urgent Care & Prime Care staff/providers are not able to promise or offer any discounts off of Synergy rates. Durable Medical Equipment is non-returnable and non-refundable. Synergy can be contacted at 1-541-342-4925.

Types of Office Visits:

Routine Office Visit: Examination Only	Examples: Rechecks (without procedure), Dental Pain, Simple UTI <u>not</u> requiring gynecological exam, Ear Pain, Cough, Sports/Camp Physicals, Flu Symptoms <u>not</u> requiring IV Fluids, etc.	\$110.00
Complex Office Visit: Examination Only	Examples: More than one condition/concern, Visits requiring gynecological exam, Severe Abdominal Pain, Asthma requiring breathing treatments, Wart/Cyst Removal, Foreign Bodies in the Eye requiring Slit Lamp, Migraines requiring IM Medication Injection(s), etc.	\$180.00
Prime Care Partners ONLY	Annual Physicals for Male or Female	\$175.00
X-Ray:	<u>Each set of x-rays: Patient reminder – Spine and chest will be sent for over read.</u>	\$85.00
<input type="checkbox"/> Abdominal <input type="checkbox"/> Ankle <input type="checkbox"/> Chest <input type="checkbox"/> Clavicle <input type="checkbox"/> Elbow <input type="checkbox"/> Facial Bones <input type="checkbox"/> Femur <input type="checkbox"/> Finger <input type="checkbox"/> Foot <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Humerus <input type="checkbox"/> Knee <input type="checkbox"/> Mandible <input type="checkbox"/> Nasal <input type="checkbox"/> Orbit <input type="checkbox"/> Pelvis <input type="checkbox"/> Ribs <input type="checkbox"/> Sacroiliac <input type="checkbox"/> Sacrum <input type="checkbox"/> Scapula <input type="checkbox"/> Shoulder <input type="checkbox"/> Sinuses <input type="checkbox"/> C-Spine <input type="checkbox"/> L-Spine <input type="checkbox"/> T-Spine <input type="checkbox"/> Sternum <input type="checkbox"/> Tibia/Fib. <input type="checkbox"/> Toes <input type="checkbox"/> Wrist		

Procedures:

Basic Procedures: Includes Office Visit Fee	Examples: Migraines requiring IV Medications, Severe Burn Treatment, Routine Lacerations Requiring Sutures/Staples/Derma Bond, Abscess/Wound Drainage/Packing, Trigger Point Injection, Skin Biopsy, Cyst Removal, etc.	\$195.00
Complex Procedures: Includes Office Visit Fee	Examples: More than one laceration or a laceration involving a tendon, lacerations over 5cm in length, Sutured Head Lacerations, etc.	\$290.00
Procedure Rechecks: No charge for <u>10 days post-procedure.</u>	This applies to surgical procedure ONLY. All rechecks after the 10 day period will be charged the \$110.00 fee + any additional charges to be seen. The no charge applies to recheck only; there will be a charge for wound care/dressings. <u>If items are not paid for at the time of visit you will receive a bill for them.</u> These items will be billed at the listed rates.	N/A

Other Charges: Routine and In-Clinic Lab and Testing Fees:

Urine Pregnancy	\$20.00	TB Test Only	\$35.00
Basic Urine Dip	\$20.00	Rapid Mono Test	\$25.00
Blood Glucose	\$20.00	Influenza Test	\$35.00
Rapid Strep Test	\$25.00	Blood Draw Fee	\$15.00

Additional Fees and Vaccinations:

Ear Lavage	\$30.00	Morgan Eye lens	\$40.00
Td	\$50.00	IM Medication Administration	\$15.00
Tdap	\$75.00	IV Fluids - \$10.00/per bag	

EKG/Pulmonary Fees:

EKG	\$50.00	Spirometry	\$50.00
Albuterol, Atrovent/Xopenex – Each Dose	\$20.00	Peak Flows w/o breathing treatment	\$15.00

Wound Care/Fracture Splinting/DME:

Wound/Other Care Dressings	\$20.00	Ortho Glass Splinting	\$95.00
Shoulder/Arm Sling	\$15.00	Figure 8 Ankle Brace Lace Up	\$40.00
Air Cast	\$45.00	Arthropad	\$20.00
Cervical Collar	\$15.00	Cock-Up Splint	\$45.00
Colles Splint	\$20.00	Knee Immobilizer	\$50.00
Lace Up Wrist Splints	\$45.00	Wrist Splint/Other	\$20.00
Thumb Spica Splint	\$30.00	Rib Belt	\$20.00
		Ace Wrap	\$5.00

Medication Fees:

Any P.O. Tablet - Per Tablet	\$5.00	Nubaine (up to 10mg)	\$20.00
Benadryl (any amount)	\$10.00	Kenalog (up to 40mg)	\$40.00
Phenergan (any amount)	\$10.00	Cefazolin – Ancef IV (up to 1 gram)	\$40.00
Toradol (up to 60mg)	\$20.00	Ceftriaxone – Rocephin (up to 1 gram)	\$40.00
Zofran (up to 8mg)	\$10.00	Vistaril/Hydroxyzine (up to 25mg)	\$20.00
Clindamycin (up to 600mg)	\$20.00	Injection – Lidocaine Used (any amount)	\$20.00
Compazine (any amount)	\$20.00	Levaquin (up to 100 ml)	\$75.00
Decadron (any amount)	\$20.00	Unasyn (up to 3 grams)	\$40.00
Dilaudid (up to 2mg)	\$20.00	Reglan (up to 10 mg)	
Lorazepam (any amount)	\$20.00	Other:	
Morphine (up to 5mg)	\$20.00	Other:	
Solu-Medrol (any amount)	\$20.00	Other:	
Depo-Medrol	\$20.00	Other:	
Reglan		Other:	

By signing this acknowledgment I am verifying that I have received, read and have been provided the opportunity to ask any questions about the self-pay agreement. **I understand the additional charges that may occur as stated above and accept full responsibility for financial payment as outlined above.**

Patient Label Here

Signature of Patient or Representative: _____ Date: _____

Billing Office:

Deposit Collected: \$ 110.00 Payment Method: Cash / Credit / Check Employee: _____

Balance Collected: \$ _____ Payment Method: Cash / Credit / Check Employee: _____