

NW Rheumatology Associates
9155 SW Barnes Road #314
Portland, OR 97225
(503) 297-3384 Fax (503) 297-0863

Infusion Financial Policy

Thank you for choosing NW Rheumatology Associates for your infusion needs. We are dedicated to providing the best treatment options available. Our Infusion Financial Policy is intended to describe our expectations regarding the payments for infusion services we provide.

Please initial each line to indicate you have read each policy and understand them.

- _____ 1. It is your responsibility to inform us in a timely manner of any changes to your billing and insurance information. Failure to comply with this may result in your infusion appointment being cancelled or your infusion services not being paid or covered by your insurance.
- _____ 2. NW Rheumatology Associates participates with many, but not all, insurance plans. It is your responsibility to contact your insurance company to verify that we participate with your plan.
- _____ 3. You are responsible for any and all portions of the bill denied or not covered by your insurance plan.
- _____ 4. We have many foundations available for financial help with your infusion cost. Please ask if there is something that works for you.
- _____ 5. You are responsible to keep current on your foundation, as most foundations only offer assistance for 1 year, you must ensure that you re-enroll for coverage to prevent any lapse of foundation assistance.
- _____ 6. We will bill your foundation as a courtesy to you, keep in mind this is a contract between you and the foundation, ultimately you are responsible if they do not pay.
- _____ 7. Our office is happy to provide you with the foundation paperwork that is available to us, but it is your responsibility to follow up and make sure the foundation has received your paperwork.
- _____ 8. I understand that some insurance plans require a prior authorization and or a referral for infusion services in order to pay and cover infusion services. I understand I am responsible to make sure these required authorizations are in place prior to receiving any infusion services.
- _____ 9. I understand and acknowledge the estimated benefits of infusion coverage has been explained to me and I understand that this is strictly an estimate and is no way a guarantee of benefits as this will be determined at the time my insurance company processes my claim.
- _____ 10. There is a \$100.00 no show fee for missed infusion appointments.

Patient Printed Name

Date of Birth

Patient Signature

Date