



Elite Spine and Sports
21887 SW Sherwood Blvd. STE A
Sherwood, OR 97140
(503)625-0500 Fax: (503)625-0119

Office Policy

Patients Without Insurance: It is our policy that payments are made at the time treatment is rendered, unless special arrangements have been agreed upon prior to your visit. We offer a program called “ESS Elective Care Plan” that allows us to provide uninsured or underinsured patients with elective care at reduced rates. Please ask for more information.

Patients With Insurance: As a courtesy to our patients, we will bill your insurance company for you. It is important that you understand your insurance coverage. Please know what your insurance covers, when your benefits begin and end, or when you reach your maximum benefit level for the year. When possible, we will verify your insurance benefits. However, benefits quoted are not a guarantee of payment. Co-payments, deductibles, and non-covered services are due at the time of service. _____ (initial here)

Returned Checks: There is a **\$25** service charge for checks returned to us unpaid by your financial institution. _____ (initial here)

Appointment Times: If you are late for your scheduled appointment, your treatment time may need to be reduced or you may need to reschedule your appointment for another time. _____ (initial here)

Missed Appointments: **There is a \$65 fee for appointments that are cancelled without a 24 hour notice.** This is the patient’s responsibility and is payable at the time of you next scheduled appointment. **Text message appointment reminders are a courtesy service. Should the reminder system fail, you remain financially responsible for the missed appointment fee.** _____ (initial here)

Voicemail Messages: Do we have your permission to leave a voicemail message regarding your health, reports, account, or insurance information? You have the right to change your selection at any time via verbal/written notice to the front office. Yes _____ No _____

I have read and understand all of the above.

Patient Signature/Responsible Party

Date