

Gregory L. Combs MD., PC.

1914 Willamette Falls Drive, Suite 210, West Linn, OR 97068
503-655-9727

FINANCIAL POLICY

Thank you for choosing Gregory L. Combs M.D., P.C. for your care. We appreciate that you have entrusted us with your health care and we are committed to providing you with the best patient care possible.

Insurance Consultation:

If your consultation involves insurance, please be prepared to pay the co-pay when applicable and provide a copy of your medical insurance card. As a service to you, we will bill primary and secondary insurance companies. Please provide us with complete and accurate insurance information, as well as any changes of address, telephone, name or employer. If your plan requires referral from your primary care physician, we ask that you phone your PCP prior to your appointment for the necessary authorization. Lack of referral could result in patient responsibility for service. Your insurance contract is between you and your insurance company. You are ultimately responsible for payment on your account. Note: If we are billing insurance for your services, your bill will be determined by your insurance company after being submitted by our office.

Cosmetic Consultation:

We require a \$100 consultation fee for your first office visit with Dr. Combs. This is a one-time fee and will apply toward surgery or any in-office procedure provided within one year of the consultation date. If you and Dr. Combs agree that you are a good candidate for surgery, you will be presented with a cosmetic treatment plan at the end of your consultation. The surgery fees for cosmetic procedures include Dr. Combs' fee, operative room fees, anesthesiology fees, and implants/garments necessary for surgery. It will also include your pre-operative visit before surgery and office follow-up visits for 3 months following surgery. Prescriptions and any pre-operative lab or EKG requirements are NOT included in the cosmetic treatment plan fee. Cosmetic treatment plans are honored for 6 months from the day of quotation. Surgery fees are to be paid in full at your pre-operative appointment.

Other Fees: (Additional fees may apply for the following)

Returned Check fee – \$35

Surgery RE-Scheduling fee: \$100

Surgery Cancellation within 48 hours of appointment: 25% of fee

AGREEMENT TO PAY MEDICAL EXPENSES

1. Appointments involving insurance: Co-payments are collected at the time of your visit. Your insurance company will be billed by our office. When you have a personal balance, you will receive a statement and prompt payments are appreciated. If you require special payment arrangements, call our office to make arrangements, this may incur an additional fee.
2. Medicare: We are a participating clinic. We do accept assignment on Medicare claims.
3. No Insurance: payment in full is required at the time of your appointments for all non-insured patients.

I authorize the release of any medical or other information to my medical insurance company necessary to process my claim, authorize services, or coordinate treatment. I request payment of government or insurance benefits directly to Gregory L. Combs, M.D. I understand I am personally responsible for all medical expenses provided by Gregory L. Combs M.D., for medical care and treatment. If for any reason there is dispute of payment after treatment has been received, I the patient, waive my rights to privacy under the Health Insurance Portability and Accountability Act of 1996 guidelines. However, I agree to pay all medical expenses within 30 days of the date I am billed for those expenses, unless other arrangements have been made with Dr. Combs.

I have read, understand and agree to this financial policy.

Patient/Guardian Signature

Date