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OFFICE AND FINANCIAL POLICIES

Thank you for asking me to participate in your health care. The following is an outline of my office policies. I ask that you take the time to read, initial and sign at the bottom of this form. Please ask any questions you may have before signing this agreement.

One of my billing goals is to minimize clients accruing large balances on their accounts, which may be a hardship later. Therefore:

- 1. I ask that your appointments be paid in full until your annual deductible has been met. Thereafter, I ask for a co-payment that is commensurate with your insurance policy at each scheduled visit.
- 2. If you have no insurance coverage, I ask that you pay for each visit at the time of the appointment.
- 3. If you have billing questions regarding your account you may contact my billing service, Metropolitan Health Provider's Billing Service. M.H.P.B.S. will be billing your insurance company and sending you a monthly statement of your account. Please make sure that you update M.H.P.B.S. promptly of any changes to your address, phone number or insurance plan. M.H.P.B.S. can be reached at 249-0181.
- 4. In the event that we are unable to collect on your account please be advised that any uncollectable fees may be turned over to R.P.M. Collection Agency. In the event that your account is turned over to a third party for collections, the third party may be notified of the reason for service, i.e., Counseling. We will make every effort to work with you before this happens.
- 5. Since rebilling accounts is costly, balances due over 30 days will be charged a \$10 rebilling fee. All returned checks are subject to a minimum \$10 service fee.
- 6. Please understand that we can only discuss your account with the client on the account or the person(s) who signs as the Responsible Party on the account. We cannot discuss the account with spouses, parents or others unless they have signed to be responsible for the account or we have your signed permission to discuss the account with them.
- 7. If you need to cancel an appointment for any reason, i.e., schedule conflict, illness, childcare, I must have 24 hours notice. Appointments not cancelled 24 hours in advance will be charged to you at full fee. Insurance will not pay for missed appointments. In the event that I will need to cancel your appointment, every effort will be made to contact you to advise you of the situation.

Client's Signature

Date: _____

Responsible Party's Signature
(If client is a minor)