

## Financial Policy Handout (Effective January 1, 2015)

Patients are required to pay balances in accordance with the following guidelines:

- § Payments may be made using Cash, Checks, or Credit Cards
  - MasterCard, Visa, American Express or Discover are accepted.
- § Physician office and therapy visit co-pays are required on the date of service. Lack of co-pay payments for any visits may result in rescheduling of the service.
- § A 10% discount is available on the patient responsibility if paid IN FULL within 30 days of the 1<sup>st</sup> statement date\*
- § Any payments received PRIOR to the service will also be eligible for the discount listed above.
- § Extended payment plans are available upon approval with a maximum extension of six (6) months and a minimum payment of \$50.00 per month.
- § Delinquent accounts will be referred to a collection agency at which time additional fees will be assessed.

If you are unable to meet these terms, please contact the Patient Accounting Office at (360) 299-1378, (855) 440-4200 ext. 1378 to make arrangements.

- No discounts will be applied on services that REQUIRE pre-payment.