



Billing and Collections Practices

Before Your Visit

Before or on the day of your visit, we may ask you to pay an estimated portion of the cost of services. WHA accepts cash, checks, MasterCard, Visa, American Express and Discover. A \$25 fee will be charged for all returned checks. Your estimated responsibility may include copayments, deductibles, coinsurance, non-covered services. It may also include total charges if you don't have insurance or if your insurance plan isn't contracted with the provider you are seeing. If you have insurance, your financial responsibility will be estimated based on your insurance benefits. If you are new to our practice or have a change in your insurance, it is your responsibility to notify our office as soon as possible. If you don't, your new plan benefits may not apply to the services you receive and you could be responsible for the entire balance.

After Your Visit

As a courtesy, WHA will bill your insurance carrier on your behalf. We will send you a billing statement for any amounts that you owe after your insurance benefits are applied. Payment is due when you receive the statement. If you have any questions or would like to set up a payment plan, contact us as soon as possible by calling (503) 601-3623 to avoid having your account sent to collections. In addition to billing statements, you may receive letters and phone calls about your account.

Unpaid Balances

We use collection agencies to assist in the collection of unpaid balances. Unpaid balances that aren't part of an approved payment plan may be sent to a collection agency after four (4) billing statements have been sent. Unpaid balances on accounts where we have received returned mail may be forwarded to a collection agency at any point, regardless of the number of billing statements sent. Collection efforts may be in the form of phone calls, letters and legal action. Unpaid balances in collections will result in suspension of care from WHA and may be reported to credit bureaus.

Financial Assistance

If you are uninsured or your insurance plan doesn't include a benefit for the service you have received, you may apply for financial assistance. Contact our office at (503) 601-3623 for more information about our Financial Assistance Policy.



Frequently Asked Questions

What is a copayment? Copayments are set amounts you pay when you go to a health care provider. Copayment amounts are typically listed on your health insurance card. For example, PCP copay = \$25, Specialist copay = \$50. WHA may be considered a PCP or a specialist by your plan.

What is a deductible? Deductibles are the yearly expenses you pay before your health insurance pays anything. For example, each year you pay the first \$1,000 of your health care bills submitted before your health insurance pays anything. Your out-of-pocket cost is based on the total amount that your insurance has allowed for the services provided.

What is coinsurance? Coinsurance is a percentage of the health care bill that you pay after your deductible has been met. For example, you pay 20% and your insurance company pays 80%. Your out-of-pocket cost is based on the total amount that your insurance has allowed for the services provided.

Will I be required to pay a copayment, deductible and coinsurance at every visit? Each plan varies, but yes, you could be responsible for all three out-of-pocket expense types at a single visit. For example, your insurance benefits may require a copayment for the office visit charge and deductible and/or coinsurance for any testing or procedures performed.

Why am I receiving a bill for my annual visit? When you are scheduled for your annual wellness visit, there is typically no out-of-pocket expense for preventative healthcare services. However, if your provider addresses additional concerns or recommends tests that are beyond what your insurance company considers part of a wellness visit, additional services might be billed and your insurance company may apply a copayment, deductible and/or coinsurance to these services. Our scheduling and registration staff do not know at the time of check-in what services will be provided during your actual visit, so a copayment may not be collected at the time of your visit. If additional services are provided and your insurance company applies a copayment, deductible and/or coinsurance, you will receive a bill.

Why am I receiving a bill from a provider that I did not see? Some visits, tests and/or procedures require services performed outside of our office (such as laboratory, pathology, anesthesia, etc.). Our office most commonly uses the following providers for these services:

- **Laboratory:** Quest Diagnostics, Oregon Health & Science University, RDL Reference Lab
- **Pathology:** Providence, Legacy, Cascade Cytology, Aurora Diagnostics
- **Mammograms:** Diagnostic Imaging Northwest
- **Other:** When treated in the hospital, our office will have a separate charge from the hospital charge

These providers will bill you or your insurance company directly. Please review your plan documents or contact your insurance company to determine if any of the providers are within your approved provider network. If any of the providers are not in your network, please inform us in advance of your visit.