



FINANCIAL POLICY

The Oasis Center is committed to providing you high-quality affordable care. Please read our financial policy carefully and if you have any questions please do not hesitate to ask an Oasis staff member.

- Please notify the Oasis Center as soon as possible regarding any updates in your insurance coverage.
- While the filing of insurance claims is a courtesy that we extend to our patients, all charges not covered by your insurance company are your responsibility.
- All insurance plan benefits payable for services provided to you by the Oasis Center are paid directly to the Oasis Center.
- In the event that your insurance company or financially responsible party does not pay for the services you or your child receive, you are financially responsible for the payment.
- The Oasis Center does not accept all insurance plans, if you have any questions about your coverage please contact your insurance company so that you best understand your financial responsibility.
- For patients with no insurance, full payment is required at the time of service.
- The Oasis Center offers assistance with enrolling in the Oregon Health Plan, please let a staff member know if you are interested and we can assist you at no cost.
- Co-payment is required at the time of service. The amount of co-payment varies with different plans.
- The Oasis Center accepts cash, check, or credit card (Visa or MasterCard) for service payment.
- If special circumstances make immediate payment impossible, payment arrangements must be approved in advance by our business office staff.
- Bills unpaid for more than 120 days may be turned over to a collection agency unless other arrangements have been made. Accounts that are turned over to collections may result in dismissal from the practice.
- The Oasis Center offers a Sliding Fee Discount Program which helps provide discounted medical care to those who have no means, or limited means, to pay for their medical services. Eligibility is based on income and family size. If you qualify, outstanding balances for the six months prior can be covered under the Program, as well services provided within the next twelve months. If you have any questions about this program, please ask an Oasis Center staff member.

I have read the above Financial Policy, I have understood it, and I agree to it. A copy of this policy has been made available to me and is available to me at any time upon request.

Signature of Parent or Responsible Person: _____

Date: _____