



Office and Financial Policies

Item #	Policy
1	Prescription refills: You are responsible to know when your medications must be refilled and to notify the office at least 48 hours before running out. Medications are refilled only at the patient visit or when requested in advance through your pharmacy. This includes all mail-order prescriptions. We cannot take weekend, walk-in, after hours, or phone call refill requests.
2	Information: You are responsible for providing current information such as: name, address, cellular or other phone number, email address, and insurance information. Social Security number, driver's license, or picture identification must be provided at the time of registration or as requested by the practice at any time.
3	Financial responsibility: You accept financial responsibility for all charges for services rendered to you. If you are the parent or guardian accompanying the patient, you assume this liability. The office will not be involved in mediating financial arrangements between parents or guardians and are not a party in any divorce decree.
4	Payment methods: We accept cash, check, MasterCard, and Visa. Checks will be processed electronically unless otherwise stated. In the future, we may ask to keep your credit card number on file with your consent.
5	Appointments: Minors under age 15 must be accompanied by a parent or guardian to be seen unless special arrangements have been made with the office. We require a minimum of 24 hours (or the Thursday before a Monday appointment) notice of cancellation as a courtesy to other patients seeking services. A pattern of missed appointments may result in discharge from the practice.
6	Form fees: Our practice may charge for additional paperwork outside of the completion of the medical records. Many times we need to see patients to make diagnosis prior to filling out paperwork for medical accuracy. These appointments are subject to a charge.
7	Medical records: The medical chart is the property of the practice. However, a CD of your pertinent medical information is available upon request and is subject to a \$30 fee. Records will be made available within 30 days of your request.
8	Insurance co-payments, deductibles, and coinsurance: Insurance companies do not always pay fees and may exclude certain services from coverage. It is your responsibility to understand your insurance plan. Deductibles, co-insurance, or non-covered services are to be paid in a timely fashion according to office policies. Copays are due at the time of your appointment and we are obligated to collect per our contract with your insurance. If they are not paid within 24 hours after the appointment time a \$10 charge will be assessed. If requested, and as a condition of service, you agree to sign an "advanced beneficiary notice" if we determine or question your insurance coverage. You accept responsibility for all such expenses even if your insurance company is billed as a courtesy.



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Office and Financial Policies (continued)

Table with 2 columns: Item #, Policy. Contains 5 rows of policy details including 'Usual and customary', 'Slow insurance response', 'Statement policy', 'Collection and bank fees', and 'Insurance claims'.

I have read and understand all the terms of this policy. By signing below, I attest that I fully understand each item and agree to the terms above.

Signature: _____ Date: _____

Patient Name: _____

Document updated 12.15.21



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