

stephanie kaplan, nd
4031 se hawthorne blvd portland, oregon 97214
telephone: 503.975.2617 fax: 503.231.6605
web: www.dr-kaplan.com

Financial Agreement

Payment is due in full at the time services are rendered.

Courtesy insurance billing is provided by Dr. Kaplan.

If you have verified your insurance you may pay your co-pay/percentage at the time of service. Once payment is received from the insurance company, you will be billed or credited if there is any remaining balance. To avoid surprises, we recommend you call your insurance company and fill out the "How do I verify my insurance?" form in advance of your appointment.

Appointments canceled with less than 24 hours notice and missed appointments will incur a \$65 fee automatically. These fees will not be billed to insurance, as they are not covered.

Please be aware that phone calls regarding an existing health issue lasting more than 10 minutes will incur a fee. Phone calls regarding a new health problem, regardless of the length of the call, will also incur a fee.

Communicating by email is ideal for coordinating care, but cannot be used for diagnosis and treatment. Please note that lengthy and/or extensive email communications may incur a fee, and Dr. Kaplan may ask you to schedule depending on the content of the email.

Returned checks will incur an additional fee of \$25.

I, _____ (please print name), understand that payment is due at the time of service, and agree to pay other fees as explained above should they be incurred. If I have verified my insurance coverage, I will pay the co-pay or percentage at time of service, and agree to pay anything outside of this amount if it is ultimately not covered by insurance.

Date _____

Signed, _____