

Kenneth A. Whittaker MD, PC

Financial Policies

Our goal is to provide and maintain a positive physician-patient relationship. Letting you know of our financial policies in advance allows for a good flow of communication and enables us to achieve our goal. Please read each section carefully and initial. If you have any questions, do not hesitate to ask a member of our staff.

Financial Responsibility

- We accept cash, checks, Visa, and MasterCard credit and debit.
- A \$35.00 fee will be charged for any checks returned for insufficient funds.

Newborns

- It is your responsibility to enroll your newborn on your commercial insurance or apply for Medicaid (Oregon Health Plan, OMAP, YCCO, Care Oregon) ***no later than 30 days*** after your child is born.
- If your child comes in for a visit prior to coverage being in effect, you will be asked to sign an agreement to pay the amount in full, if your child is determined to be ineligible for back dated coverage.

Medicaid (OHP, YCCO, Care Oregon)

- It is your responsibility to ensure that Dr. Whittaker is assigned as your child's Primary Care Provider (PCP).
- It is your responsibility to maintain your eligibility for Medicaid programs.

Commercial Insurance

- It is your responsibility to ensure that Dr. Whittaker is in-network with your insurance plan, to obtain full benefits.
- It is your responsibility to keep us updated with your correct insurance information. **If the insurance company you designate is incorrect, you will need to provide updated proof of insurance or be responsible for payment of the visit.**
- If your insurance company requires that you designate a Medical Home or PCP, it is your responsibility to contact the insurance company to make that designation.
- Co-payments are due at the time of service.
- If, according to your insurance plan, you are responsible for any co-payments, deductibles, and/or coinsurances, it is your responsibility to pay the balance due within 30 days of the date you are billed.

- If we do not participate in your insurance plan, payment in full is expected from you at the time of your visit. We will supply you with an invoice that you can submit to your insurance for possible reimbursement.
- Patient balances are billed after the first of the month following receipt of your insurance plan's explanation of benefits. Your payment is due within 30 days of your receipt of your bill.
- If you need to make a payment arrangement, contact our office. Any balance outstanding longer than 90 days, without an established payment plan will be forwarded to a collection agency.
- If you have commercial insurance or are self-pay and your child is here for a Well Child visit or Routine Physical Exam which requires additional time or evaluation, you may be charged an additional co-pay or coinsurance.

Self-Pay

- Self-pay patients are expected to pay for services in FULL at the time of the visit.
- A 20% courtesy discount will be applied to services provided during the office visit. This discount does not apply to vaccinations.
- Your child's visit may include services that incur additional fees. These services can include and are not limited to: developmental assessments, questionnaires, medication, lab tests, supplies etc. These charges may not be known prior to the exam.