

PORTLAND DIALECTICAL BEHAVIOR THERAPY PROGRAM, PC
5200 SW MACADAM AVENUE, STE 580 PORTLAND, OREGON 97239

PHONE: (503) 231-7854

FAX: (503) 231-8153

FINANCIAL POLICY

In the interest of a cooperative working relationship between Portland DBT and clients, please carefully read our financial policy as described below. If you have any questions or concerns regarding this policy, we encourage you to speak with your therapist.

Insurance Past Due: Insurance is billed as a courtesy to our clients, providing you submit all the necessary billing information required by your insurance company. It is important to note that even when we have filed an insurance claim on your behalf, if after 90 days we have not been paid by your insurance company, you will be required to pay the past due balance. While we do our best to collect on past due insurance claims, in the end we cannot accept responsibility for following up on past due claims, nor negotiating a disputed claim. Again, accounts overdue by 90 days, even if insurance is pending, are the client's responsibility. We will expect payment from you within 10 days of receiving a past due notice.

Primary and Secondary Insurance: As a courtesy, we will bill your primary insurance for services rendered. You will be required to pay the balance remaining after your primary insurance has paid. We do not bill secondary insurance. However, we will be happy to provide you with a statement for your secondary insurance should you wish to recover your out-of-pocket expenses directly from them.

Client Refunds: Client refunds will be issued the 15th of every month, once your account has been cleared. This means that even if you have money on account, refunds will not occur until after your insurance has paid in full.

Delinquent Accounts: Client balances (not owing by insurance) are due in full within 10 days of receiving your monthly statement. Client balances unpaid by the next billing cycle will incur a 1.5% monthly finance charge (18%APR). Please be advised that accounts past due by 90 days, unless arrangements have been made with the accounts manager, will be sent to collections. As a courtesy to clients, a letter will be sent indicating the status of your account. Clients are given 10 working days to respond to this notice before action is taken. If your account is delinquent or assigned to collections, you will not be allowed to come back to the program until your balance is paid in full.

Receipts: Receipts will be provided at the time of payment. These records should be kept by you for any reimbursement that your employer or others may require. We recommend that you maintain record of your visits and payments.

Return Checks: There is a \$25.00 processing fee on returned checks. We require that your returned check amount plus the processing fee be paid before your next scheduled appointment.

OHP Clients: Per OMAP requirements, OHP clients will not be assessed out-of-pocket charges including missed session fees and insurance past due amounts.

I have read the financial policy and understand it. I have been given the opportunity to express my concerns and ask questions about the policy and to be provided with a copy of the policy.

Client/Responsible Party:

Print name _____

Signature _____

Therapist: _____

Date _____