



Payment Policy:

Native Americans, Alaska Natives and, Non-Native Americans

Alternate Resource Requirement: All patients without insurance must apply for an Alternate Resource, such as Oregon Health Plan (OHP), if there is reasonable indication that they will be eligible for coverage. To maintain eligibility for services the patient must provide documentation that they are either not eligible for OHP or have completed the OHP enrollment process within 30-days of enrollment or their first medical visit. Our facilities have trained personnel available for assistance with the OHP application and can be accessed by contacting any of our locations.

American Indian/Alaskan Native Payment Policy

The Ko-Kwel Wellness Centers (KWC) provide medical services at no out-of-pocket expense for all eligible Native American and Alaska Natives, for services provided within the facility (Alternate Resource policy applies– see above). However, for the convenience of our patients, KWC offers some services that are contracted with outside vendors for more complex testing, such as lab specimens obtained in our clinic. **Anything done here in these four walls of the clinic are covered services, but if it is something that is sent out you may be responsible for the bill. Laboratory prices are available upon request.** Any fees incurred outside of the facility, such as lab, pharmacy, imaging, and specialty providers will be the sole responsibility of the patient/guarantor. Acceptable proof of Native American/Alaskan Native Heritage is required for this exemption.

Non-Native American Payment Policy

The following disclosures are made in compliance with the Federal Truth in Lending Law. Patients of the KWC that do not meet Native American /Alaska Native criteria are solely responsible for all fees not covered by insurance.

- **Without Insurance:** Patients that do not have insurance coverage are required to pay for services **at the time services are rendered unless other arrangements have been made** in advance with the Billing Manager. **A discount of 20% may be offered for some services when paid in full at the time of service. Exclusions to this include, but are not limited to outside services, laboratory fees, and cosmetic services.**
- **With Insurance:** KWC does not accept responsibility for collecting insurance claims or for negotiating a settlement on a disputed claim. Charges not paid by the patient's insurance company are the sole responsibility of the patient. Charges not paid in full by your insurance are **due in-full within 30 days of receiving the bill unless other arrangements are made with the Billing Manager in advance.** Please contact the Business Office at your healthcare location to set up a Payment Plan.

Collection Policy:

- If the balance of your account exceeds 90 days and you have not contacted our offices to establish a payment plan, or if you fail to follow the established payment plan, your account balance may be turned over to a collection agency.
- If it becomes necessary to affect collection proceedings of any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses, including any collection fees charged by the collection agency, and reasonable attorney fees.
- Once an account has been sent to collections, a healthcare appointment can only be made once payment is received on the outstanding debt, and new services incurred must be paid in-full on the date of the appointment.
- If the debt remains unpaid for 90 days after being sent to the collection agency, the patient may no longer be eligible to receive care at KWC.

All Patients: Native American, Alaska Native, and Non-Native American

I hereby authorize the Ko-Kwel Wellness Center (KWC) to furnish information to insurance carriers concerning my conditions and treatments, and I hereby assign to the healthcare provider(s) all payments for services rendered to my dependents or myself. I authorize KWC to collect payments from third party payors such as Medicare/Medicaid and insurance companies. I have read and have had the opportunity to have my questions explained to me regarding my rights and responsibilities and payment policy under this agreement. My Signature indicates that I consent to receiving services from the Wellness Center Staff at this time.

Patient's Name

Patient's Date of Birth

Patient's Signature *(or Parent/Patient Representative)*

Today's Date

Printed Name of Parent/Patient Representative

Date of Birth

Nothing in this agreement waives the sovereign immunity of the KWC or the Coquille Indian Tribe.