Ko-Kwel Wellness Centers
OTP Opioid Treatment Program
2401 River Rd, Suite 200
Eugene, OR 97404
(541) 916-7025

OTP PAYMENT POLICY

Alternate Resource Requirement: All patients without health insurance must apply for an Alternate Resource (Oregon Health Plan) if there is a reasonable indication that they will be eligible at no cost to the patient. To maintain eligibility for services the patient must provide documentation that they are either not eligible for Medicaid or complete the Medicaid enrollment process within 30 days. The Billing Department will assist with the application process.

All insurance(s) held by the patient must be presented to the Ko-Kwel Wellness Center (KWC) for verification of benefits and billing of services regardless of American Indian/Alaskan Native Heritage

American Indian/Alaskan Native Payment Policy: KWC provides health services at no out-of-pocket expense for all eligible American Indian and Alaskan Natives for services provided within the facility.

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. All services provided within the four walls of the KWC are covered services, but if you receive services outside of the KWC, 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.

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 American Indian/Alaskan Native criteria are solely responsible for all fees not covered by insurance.

- **No Insurance:** Patients who do not have insurance coverage are required to pay for services when 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.
    - **Sliding Fee Schedule:** KWC employs a Sliding Fee Schedule in the billing of uninsured, non-Indian Health Service (non-IHS) eligible clients. The KWC Sliding Fee Schedule is based on federal guidelines for the provision of discounted services based on the Federal Poverty Level (FPL). Discounted KWC services are applied using the following criteria:
        - Individuals living below or equal to 100 percent of the FPL will receive a 90 percent discount
        - Individuals living at 101 to 150 percent of the FPL will receive a 70 percent discount
        - Individuals living at 151 to 200 percent of the FPL will receive a 40 percent discount
        - Individuals living at greater than 200 percent of the FPL will not receive a discount
- **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 Supervisor in advance. Please contact the Business Office at your healthcare location to set up a Payment Plan.

Collection Policy:

- If it becomes necessary to pursue collection proceedings of any amount owed on this or subsequent visits, the undersigned authorizes KWC to disclose information necessary to third parties for the purposes of collection and 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, an appointment can only be made once payment is received on the outstanding debt, and new services incurred must be paid for in cash on the date of the appointment.
- If the debt remains unpaid for 90 days after being sent to the collection agency, the patient will no longer be able to receive care at KWC.

Fee Schedule: KWC's fee schedule is reviewed and updated yearly. The fee schedule for services can be found in Appendix I.

Refund Policy: If KWC owes you a refund due to overpayment, credit balance, or discharge, we will issue a refund after our billing department has verified it. Provided there are no other balances owed to KWC, a request will be generated within thirty days (30) of the refund recognition.

I hereby authorize the Ko-Kwel Wellness Center (KWC) to provide information to insurance carriers concerning my illness and treatments, and I hereby assign to the physician(s) all payments for medical services rendered to my dependents or myself. I authorize KWC to collect payments from third party payors. 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. I understand that by signing this agreement, I authorize KWC to bill me for any expenses not covered by my insurance carrier, my signature indicates that I consent to receiving services from the Wellness Center Staff at this time.

Patient Name	Date of Birth
Patient/Patient Representative Signature	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.

APPENDIX I – OTP Fee Schedule

PROCEDURE CODE	PROCEDURE DESCRIPTION	CURRENT FEE
99202	OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	$203.00
99203	OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	$265.00
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	$378.00
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	$122.00
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	$181.00
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	$263.00
H0001	ALCOHOL AND/OR DRUG ASSESS	$343.00
H0002	BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT PROGRAM	$70.00
H0004	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	$60.00
H0005	GROUP COUNSELING BY A CLINICIAN	$87.82
H0006	CASE MANAGEMENT	$132.00
H0020	METHADONE ADMINISTRATION AND/OR SERVICE (PROVISION OF THE DRUG BY A LICENSED PROGRAM)	$18.75
H0033	ORAL MED ADM DIRECT OBSERVE	$56.00
H0038	SELF-HELP/PEER SVC PER 15MIN	$40.00
H0048	SPEC COLL NON-BLOOD: A/D TEST	$28.35
T1016	CASE MANAGEMENT	$132.00