



Siletz Community Health Clinic

Payment Policy

Some services are based on eligibility status. Patient should verify eligibility prior to requesting an appointment.

A. All Patients

1. All insurances (primary, secondary, and tertiary) will be billed electronically in the NextGen Practice Management system via Trizetto Clearinghouse and paper claims when electronic billing is not an option.
2. Statements will be sent monthly to patients for charges not covered by insurance or Indian Health Service. Administrative action may occur if payment or payment arrangements have not been made within 90 days. The action may include sending the claim to collections or dismissal as a patient from the clinic.
3. Payment to outside providers is the responsibility of the patient even when referred by an SCHC provider.
4. Insurance coverage is an agreement between the patient and his or her insurance company to pay certain amounts for medical care. SCHC will not accept responsibility for collecting a patient's insurance claim or negotiating a settlement on a disputed claim.

B. Native Americans

1. There are benefit limitations for dental and optometry services. Patients need to ask about benefits prior to scheduling services. Patients are responsible for any non-covered services and full payment is required before services are rendered. Unpaid balances may be subject to garnishment against paychecks and per capita payments. Non-covered services are as follows:
 - a. Amounts over the optometry PRC benefit allowance
 - b. Second replacement of removable dentures, partials (flippers) if sent to a laboratory
 - c. Second replacement of mouth guards (night guard, sports guard) if sent to a laboratory
2. All Native Americans who are eligible for insurance, Medicare, or Medicaid are required to enroll so that tribal resources can be conserved. To encourage this, Native Americans are not required to pay co-pays or deductibles for office visits. An Oregon Health Program (OHP) outreach and eligibility expert will assist the patient in applying for Medicaid or proving over income status.
 - a. IHS eligible patients are required to apply for OHP (annually) if they do not have another third-party resource. Patients that refuse to apply for OHP will be subject to lab costs billed by LabCorp.
3. Any monies received from an insurance company for services provided are owed to SCHC. Occasionally, patients may receive a payment directly; if that happens, the patient should bring the check to the Business Office. The Business Office will contact the insurance company directly if no payment is received within 60 days. A letter will be sent to the insurance company.
4. Tribal patients who are not Siletz Tribal members will be responsible for all dental lab fees and optometry hardware.
5. Siletz Tribal member patients **who live out of the 11-county service area** should contact Purchased/Referred Care to check eligibility and current benefits. Siletz Tribal members who lives within the 11-county service area who has not completed a yearly update will need to do so prior to obtaining any service outside of the facility.

C. Non-Natives

1. Patients should refer to their benefits manual or plan administrator for questions concerning covered services.
2. Co-pay is required at the time of service. Payment or payment arrangements are required at the time of service if the required calendar year deductible is not met.
3. **CTSI Employees Only:** A voluntary wage agreement will be initiated with the payroll department regarding outstanding account balances if payment arrangements have not been made. CTSI Employee patients should discuss payment arrangements with the Business Office prior to receiving services. If a service is provided but deemed un-payable by the insurance plan, Medicare, Workers' Compensation, or the Oregon Health Plan, the patient accepts full responsibility for the costs.
4. Self-pay patients are required to pay in full at the time of service for all services rendered unless arrangements are made in advance.

Patient's Printed Name: _____ DOB: _____

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 SCHC or the Confederated Tribes of Siletz Indians