



PORTLAND
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SALEM
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 Salem, OR 97301
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FINANCIAL POLICY

The services provided by A Step Forward, LLC may not be covered by your insurance carrier. I understand that I am responsible for all charges whether or not covered by insurance.

If preauthorization is required by my insurance carrier, and I choose to receive services before authorization is obtained, I understand that I will be solely responsible for any charges not approved by my insurance carrier.

As a courtesy, we will bill your insurance. If there is an outstanding balance after primary insurance has paid, of more than \$100.00, we will bill your secondary. If we have no response within 45 days, we will look to you for payment. Patient balance is payable upon receipt.

If the patient participates in the Oregon Health Plan program, the patient is responsible for payment of services not covered by the plan.

If the patient is involved in a motor vehicle or liability accident, the patient is responsible for payment even if there is a pending lawsuit. If no other health insurance is available (a secondary insurance), the patient must follow the cash payment policy below.

The undersigned agrees to pay reasonable attorney fees and expenses incurred in collecting all monies not paid when due, whether or not litigation is actually commenced, as well as attorney fees and costs on appeal.

A \$30.00 charge will be applied for NSF check. Future payments will be made by cash or money order.

In the event the patient does not wish to return for the final fitting, the patient will be responsible for the costs incurred.

CASH PAYMENT POLICY

We will not bill insurance for charges of \$100.00 or less. We will also require payment at the time services are rendered.

A 15% discount will be given to on charges over \$100.00 if the balance is paid in full and insurance is not billed.

WARRANTY POLICY

Fit of custom made devices are sized at the time of measuring. We warranty our devices at the time of fitting and delivery. We warrant the fit for 90 days, but are not responsible for changes due to growth, edema, or weight changes.

Our workmanship and materials are warranted for 90 days after fitting. Other manufacturers' warranties will be honored and will be the responsibility of the manufacturer.

COMPLAINTS

Our goal at A Step Forward, LLC is to provide excellent service to our patients. If you have any problems with our services, please contact our office at (503) 478-0600 .

PATIENT SIGNATURE _____ DATE / / _____

PARENT/GUARDIAN SIGNATURE _____ DATE / / _____

PRINT NAME _____