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To our patients:

As you know, the cost of medical care is rising at an alarming rate, which is disturbing to all of us. Part of this rise is due to the increasing cost of sending statements to patients. It is threatening to increase our costs and the fees you pay for our medical services. To help keep down the cost of billing; we would like to explain our office policy:

Uninsured patients receive a 25% discount for services paid in full at time of service. Otherwise, a minimum payment of 25% of balance due paid at time of service and monthly payments of 25% of balance due per month on account balance greater than \$100. Account balances of \$100 or less require minimum payment of \$25 per month.

In the event of an overpayment on your account, a refund will automatically be issued on all balances greater than \$10.00. If you feel you have a refund due to you for less than \$10.00 please notify the business office.

**If your insurance is a managed care plan**, we are required to obtain an authorization from your primary care provider, your family physician or nurse practitioner, before we can see you. This would allow us to see you during a specific time period and for a specified number of visits. ***It is extremely important that we know this information before your appointment.*** If we do not have an authorization at the time of your visit, you may be asked to sign a waiver that makes you responsible for services performed on that day. If you do not wish to sign a waiver, your appointment will be rescheduled.

We understand that it is a burden for many of our patients to bill their insurance(s) so we will provide this service for you. For us to bill your insurance, we ask that you provide us with current insurance information. *Please bring all of your insurance cards to the office with you and notify us whenever there are changes in your coverage.* If you would rather bill your insurance company yourself, AND we are not providers with the company, please let us know. **We are not contracted with, nor do our providers treat patients with workers compensation or motor vehicle claims, or TriWest Health Alliance or VA insurance.**

**Please complete and return** by mail (2 weeks in advance), fax to 541-773-7089 or bring the completed forms with you to your appointment: (An envelope has been included for your convenience)

- Registration Form
- Health History
- HIPAA Consent (This form is a government regulation (HIPAA) that authorizes us to use and share your health information with other health facilities to carry out your treatment plan and *must* be signed before we can participate in your health care)
- Medical/Billing Release
- Collection Policy

Please bring a Detailed List of All Medications or all of your medications in their original containers to your first appointment, including your non-prescription medications, vitamins or mineral supplements. You may want to bring a pair of shorts to change into for your exam.