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## Uninsured Patient - Private Payment Financial Agreement

As a courtesy to our patients who do not have insurance coverage for services rendered by our office, we offer the following payment options:

1. **Clinic Visits:** All uninsured patients must make a \$100 deposit. If you are unable to make the deposit at this time and your condition is not medically urgent, you will be required to reschedule your appointment. We will require \$100.00 at each office visit which will be applied to your account until the balance is paid in full.
2. **Surgeries:** We offer the following payment options for surgeries. Your signature at the bottom of this form represent a contractual agreement between you and the clinic for services rendered. Failure to comply with the terms of the agreement, or to amend the agreement by signing a new contract, may result in outside collection enforcement and will be charged a \$30.00 fee for processing.

**50% Down** \$ \_\_\_\_\_

90 Days for payment in full. Balances not paid in full by 90 days may be subject to outside collection enforcement.

**Payment in Full with 10% Discount**

**I have read and understand the terms of this financial agreement. I agree to comply with the terms set forth in this policy for services rendered by Orthopedics Northwest.**

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**