FAA CONSULT and FLIGHT PHYSICAL
Statement of Financial Policy

By signing this FAA CONSULT and FLIGHT PHYSICAL Financial Policy, you understand that you are financially responsible for your account, and you agree to pay fees IN FULL at the TIME OF SERVICE for each medical visit you have with the AME. You understand that the AME will also complete a medication reconciliation from the pharmacy database to confirm the name and dosage of prescription medications.

- The following payment methods are accepted: **Cash, Visa, and MasterCard**. (NO CHECKS.)
  - **FAA CONSULT(NON-HIMS)** - Payment is due at the COMPLETION of each visit (time-based fees)
  - **FLIGHT PHYSICAL** – Payment is due at CHECK-IN of each visit.

- The **FAA CONSULT** with the HIMS AME is $250 which includes 20 minutes of face-to-face time.
  - Each additional 10 minutes spent face-to-face with the HIMS AME is $50.

- The **FLIGHT PHYSICAL** fees are as follows:
  - FIRST CLASS - $250
  - FIRST CLASS W/ EKG - $300
  - SECOND CLASS - $230
  - THIRD CLASS - $230
  - BASIC FAA MEDICAL - $230
  - FIRST CLASS W/ SPECIAL ISSUANCE - $300
  - FIRST CLASS W/ SPECIAL ISSANCE AND EKG - $350
  - SECOND CLASS W/ SPECIAL ISSUANCE - $280
  - THIRD CLASS W/ SPECIAL ISSUANCE - $280

- Time spent between visits for services such as phone calls to or from the FAA, coordinating providers, records review, letter dictation, etc. pertaining to your participation in the HIMS Program or Special Issuance will be charged according to the amount of time spent.
  - $50 for 0-10 minutes.
  - $100 for 11-20 minutes.

- This office has a strict Zero Tolerance 24-Hour Cancellation and No-Show Policy. If a visit is missed or late canceled, a **No-Show Fee <u>equivalent to the scheduled visit type</u> will be charged and due within 7 days.**
  - Visits with any AME or HIMS AME will not be scheduled until outstanding balances are paid IN FULL.

- Accounts sent to collections will be assessed a $200 Collection Fee.

I understand and agree to my financial responsibilities as stated in this Financial Policy.

_____

Participant's Printed Name

_____ _____

Participant's Signature Date

Lake Grove Family Medical Clinic
16463 Boones Ferry Road, Suite 100 Lake Oswego, OR 97035
Phone: 503-635-1350 Fax: 503-635-8470

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