

Office locations:
717 SW Gilson Street
McMinnville, OR 97128
435 NW 4th Street
Corvallis, OR 97330

John K. Bellville, M.D.
P.O. Box 711
McMinnville, OR 97128
(971) 237-2418

PATIENT INFORMATION LETTER

PAYMENT is expected at the time of each appointment unless you are on a preferred/participating plan in which Dr. Bellville is on the provider panel. **If you are on a preferred plan*, copays are expected at the beginning of each appointment.** If you have insurance we can bill your insurance company, after you complete an assignment of benefits form.

We **do not** accept credit or debit card payments at this time (*check , money order or cash only*).
(Failure to pay may result in rescheduling your appointment).

GENERAL INFORMATION

Dr. Bellville is **not a provider for Medicaid** (Oregon Health Plan). He has **opted out of Medicare** which means he **may see you on a fee for service** basis. All medicare patients **must** complete a private contract prior to seeing Dr. Bellville as a patient.

***Dr. Bellville is a preferred provider for: Blue Cross, ODS, Pacific Source, Samaritan Choice, and Asante.**

PLEASE bring your **insurance card and current photo ID** with you to your appointment so that we may obtain a copy of it. *Please keep us informed of any changes to the information you give us (phone, address, insurance, etc.)*

Dr. Bellville is performing outpatient services only. He is *not* a Workman's Compensation provider and is not doing forensic psychiatry (legal).

Psychiatric emergencies should be handled by calling 911 or going to the nearest emergency room.

TELEPHONE Consultation/therapy (re: established/current patient of Dr. Bellville): There will be a charge with telephone consultation/therapy. If a person has insurance, the insurance will be billed and any unpaid balance will be the responsibility of the patient.

We are committed to ensuring the information we maintain on our patients remain confidential and we do not release such information without informed consent of the patient. We have a written release of information which we have patients complete for this purpose. We currently use cellular phones for communication but do **not** encourage the use of texting or email for our communication with patients.

NO SHOWS/CANCELLED APPOINTMENTS

If you are more than 5 minutes late for your appointment, *your appointment may have to be rescheduled*. If an appointment must be canceled, please call the office at least **24 hours** prior to the scheduled appointment time and leave a message.

A "**no show**"/**late cancellation fee** will be charged directly to the patient for missed appointments or cancelled within 24 hours of the appointment time. **This fee will be equal to the cost of the appointment scheduled. This charge must be paid in full before any further appointments are made for the patient.**

I hereby understand that I am financially responsible for charges incurred as a result of services rendered by Dr. Bellville. *Payment for each appointment will be made at the time of the appointment unless otherwise specified. In the event a balance on the account is not paid in full within 60 days, interest may be charged at a rate of 9% per year.*