

Queen Anne Naturopathic Center, Ltd.

315 1st Avenue West, Suite A, Seattle, WA 98119 (206) 281-4282 Fax: (206) 285-6854

Dear Patient,

Thank you for choosing us for your health care. As part of providing you with the best care possible, the following is information regarding our financial policies.

Dr. Caradonna & Dr. Kreemer are covered under certain health insurance programs. In order to determine what eligibility you have for insurance coverage when seeing us, please check with your workplace benefits coordinator or directly with your insurance company. **If you have accepted insurance**, please present your insurance card and a driver's license or other form of photo ID when you arrive at our office. Co-payments are due at the time of service. For insurance billing, you must have met your deductible and agree to assign benefits paid. If your insurance payment is declined due to ineligibility or other reasons, you agree to pay for services rendered. Balances are due upon receipt of statement.

If you do not have accepted insurance, payment is due at time of visit. We will provide you with an insurance billing statement if you have other medical insurance that reimburses you for Naturopathic care, or for tax purposes. You can submit this claim directly to your insurance company according to their procedures. If you do not retain your billing statements and require us to provide copies for you at a later date, there is a \$10 search fee for each invoice. Please remember that you are responsible for the total charge for each visit, regardless of whether your insurance company reimburses you or not.

Please pay for all medicines and supplements at the time that you pick them up, unless other specific arrangements have been made.

When you schedule an appointment, we reserve that time exclusively for you. When scheduling your first office visit we will request a credit card number to keep on file. Your credit card will be charged for the following circumstances: **If you miss an appt. without notifying us, you will be responsible for the entire appt. fee. If you cancel with less than 48 hours notice, you will be responsible for 1/2 the appt. fee. Unavoidable emergencies will be considered reasonable exceptions. Reminder calls are a courtesy. You are responsible for remembering your appointment.**

Please initial here: _____.

If you have health insurance accepted by our office, phone consultations, email correspondence, and missed appointment charges are not billable to your insurance company. There is a minimum charge of \$40 for established patient phone consultations lasting over 10 minutes, or requiring recommendations, or regarding new concerns. Brief questions regarding ongoing treatment are no charge. Charges may apply for certain administrative tasks requested by you. Please be reminded that patient email correspondence may incur a \$20-\$60 physician consult fee for new or lengthy emails. There is no charge for clarification of your recent treatment plan or if your physician has asked you to check in via phone message or email.

Balances older than 60 days are subject to additional billing fees of \$5 per statement. There is a \$25 fee for returned checks.

Please sign this form and bring it with you to your first appointment. If you have any questions about the above information or any uncertainty regarding insurance coverage, please don't hesitate to ask. You are important to us, so please contact us if you need assistance!

I have read and understand the above stated financial policies and will adhere to them in all respects.

Signature (if Minor or incompetent - Parent or Guardian signature)

Please print patient name here

Date