

## GENERAL OFFICE AND FINANCIAL POLICIES

Thank you for choosing Evergreen Center for Integrative Medicine for your health care. As part of providing you with the best care possible, the following is information regarding our financial and office policies. Please read this form carefully and sign at the bottom of the page.

### **Cancelling/Missed appointments:**

#### New Patients:

A credit card is required to hold all first office visits. There are no exceptions to this and no first time appointments will be made without this being provided. **There is a 2 business day cancellation policy for all first office visits** (ex. Your appointment is on a Tuesday afternoon, to avoid a charge the appointment would need to be cancelled by the MORNING of the Friday prior to the appointment). For appointments cancelled less than 2 business days there is a \$175 fee. **There are NO same day cancellations.** Same day cancellations or no shows will result in a charge for the full cost of the visit, \$350.

#### Current Patients:

For established patients coming for return/ follow-up visits there is a 1 business day cancellation policy. **There are NO same day cancellations and doing so or failing to show up for your appointment will result in the full cost of the appointment, \$150. The fee for missed appointments must be paid prior to rescheduling another appointment.**

Unavoidable emergencies will be considered reasonable exceptions, on a case by case basis.

**You are responsible for remembering your appointment.** Reminder calls are a courtesy and you are responsible for showing up for scheduled appointments whether you received one or not.

Your office visit is intended **for your care only**. If a family member needs to seek medical advice, they will need to schedule a separate appointment to address these concerns.

**Medical advice will not be provided for family members/friends that are not established patients of ECIM.**

Understand that **time may not permit for all concerns to be addressed in one visit**; in this case another appointment may need to be made. We suggest you make a list prior to the visit with your concerns or issues prioritized.

### **Insurance Billing:**

**We do not verify benefits in-office; please check with your insurance company prior to your appointment to be sure that you have Naturopathic coverage and that the practitioner is an in-network provider.** Co-pays are due at the time of service.

If you are a cash patient, payment is due **at the time of service**.

Please note that patients are responsible for notifying the office staff of any changes to their insurance, address, or other personal information in regards to insurance billing and for the purpose of patient contact. You are responsible for any fees not covered by your insurance.

### **Phone appointments:**

Please provide us with the best number at which to reach you, and be available for 30 minutes beyond the time of your scheduled phone appointment. If you miss your phone appointment, you will be charged the missed appointment fee. You are responsible for payment at the beginning of your phone appointment, as this service is not covered by insurance.

### **Balance Due and Collections:**

You will be mailed a billing statement with any remaining charges. If your insurance does not cover a service you are responsible for the full cost. **If a balance is past due 90 days or more you will not be allowed to schedule appointments until the balance is paid in full.** After 60 additional days, and the balance remains unpaid, the account will be sent to collections. At this point the practitioners will no longer be able to provide care. Once we have been notified by the collections agency that the balance has been paid, resuming care will be considered on a case by case basis.

Returned checks are subject to a \$30 fee.

**Email policy:**

Effective September 16<sup>th</sup> 2013, patients **will be charged for email correspondence when seeking health advice for new concerns**. The practitioner may decide that your concerns regarding new symptoms may be too complex to be managed via email and will instead ask you to make an office visit to receive treatment. In this case you will not be charged for the email. Emails will be assessed a fee between \$30-70 based on complexity of issue and time it requires the doctor to spend managing your care and treatment.

This does not include follow-up emails that have been specifically requested by your practitioner, to provide us with brief information regarding your response to treatment. In addition, you will not be charged for an email that is **SOLELY related to clarification of current treatment plans or instructions**.

Medications:

Refills: **We require 2-3 BUSINESS days notice on refills**. For refills on prescriptions written by one of our practitioners, please ask your pharmacy to fax us a refill authorization to 206-729-0199. You may be denied refills and required to schedule a follow-up visit prior to receiving a refill depending on your current course of treatment. **New prescriptions require an appointment**. If you need a refill on a medication that was not originally prescribed by one of our doctors, you will need to schedule an appointment. **For patients on long term protocols (ex: Lyme, biotoxin) medications will be refilled for the designated time ONLY to get you to your next visit. If these visits are not scheduled within the recommended time frame NO additional refills will be given until follow up has taken place.**

Follow-up visit:

If you are on a treatment protocol **please schedule your next visit well in advance to secure an appointment**, as the doctors schedules can fill up and not getting in with in a timely manner can affect medication refills or protocol updates. Your practitioner will determine the complexity of your condition and determine the appropriate time between your visits.

- Lyme Disease: initially, follow-up appointments are every 2-4 weeks, and over time may become less frequent but will not exceed more than 3 months while on treatment protocols. Please pay attention to what your practitioner recommends.

-Mold/other biotoxin: Visits are every 4-6 weeks, or as determined by your practitioner

I have read and understand the above stated policies.

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

\_\_\_\_\_  
Date