ECIM FINANCIAL POLICIES

Thank you for choosing Evergreen Center for Integrative Medicine for your health care. We are committed to providing you with the best possible medical care. Prior to your scheduled appointment, please call your insurance company to verify your benefit coverage. The following information outlines your financial responsibilities related to payment for professional services. Please read this form carefully and sign at the bottom of the page. Please note that

ALL PATIENTS

Patients are responsible for any charges incurred on the account resulting from treatment provided. Balance due will be collected via auto payment once processed by your insurance company unless you have contacted the office to make other payment arrangements.

Self-pay /cash services are due at time of visit. If the front desk is unavailable at time of check out, the card on file will be charged the next business day for any cash/self-pay services not collected same day.

No show/ Canceled/ Rescheduled Services
As a specialty provider our office visits schedule several weeks out, and we do not double book appointment times. We require at least 2 business days' notice for cancellation of return office visits and 3 business days for New Patient appointments. Please see office policies for further clarification of this policy. You will be charged $175 for a return visit and $350 for a New patient visit if not followed.

Credit Card Policy:

All patients are required to have a credit card on file. Co-pays are due at time of service and will be charged to the card on file at the time of the visit.

A credit card is required to hold all first office visits. There are no exceptions and no first-time appointments will be made without this being provided.

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. **It is necessary for you to know the benefits your insurance plan provides including coverage of labs, copays and deductibles. The office cannot guarantee payment for services or quote benefits from your health plan.**

We must emphasize that our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are strictly your responsibility including claims denied for visit or benefit limits, services your insurance company deems unnecessary or experimental, or any other reason that results in denial or nonpayment of services provided, from the DATE SERVICES ARE RENDERED.
We do not bill secondary insurance or third-party PIP insurance. If using PIP and your primary PIP runs out, remaining/outstanding balances will be due immediately as well as payment for future treatment related to the PIP will be due at time of service.

For cash patients, payment is due **at the time of service, and prior to seeing the physician, no exceptions.**

Patients are responsible for notifying the office staff of any changes to their insurance, address, or other personal information regarding insurance billing and for the purpose of patient contact. ***If the insurance company that you designate is incorrect, you will be responsible for payment.***

We will not bill another insurance carrier supplied at a later date, if it is past the timely filing period for that insurance company.

We will bill your insurance as applicable, however, you are ultimately liable for any fees and costs not covered or paid by your insurance. Questions about non-payment should be directed to your insurance company.

Billing, Balance Due and Collections:

Our office uses automatic payment through InstaMed. We'll collect a credit card at the time of service for your payment. Once your insurance has paid, you will receive a notification by email that the payment will be collected in 7 days which allows you time to review the charges and call with any questions. You'll receive another notification when the payment occurs and will also receive a receipt by email as well. If you decline to use autopay, a $35 admin fee will be added to each statement. Please see our auto pay policy for further clarification.

If your insurance does not cover a service, you are responsible for the full cost. **If a balance is past due 60 days or more from the date of the first statement, 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.

Email policy:
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 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 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. You will not be charged for an email that is **SOLELY related to clarification of current treatment plans or instructions.**

I have read and understand the above stated policies.

_____ _____
Signature (if minor, Parent or Guardian signature) Date

_____ _____
Printed name of Patient or parent/guardian Date

ECIM Automatic Payment Agreement

As a medical practice, our goal is to provide you with the best possible medical care. We have adopted the following payment policy to allow transparency with the insurance billing process as well as allow us to focus more time and attention to direct patient care. Please note this policy only applies to amounts owed/patient responsibility following claims processing by the patient's insurance company, refer to the clinic financial policy for other billing and insurance policies.

If you have insurance, we will bill the primary policy directly, copays are due at time of service. Amounts owed after billing insurance can include additional copay amounts, co-insurance, or deductible. All potential remaining amounts owed are determined by your insurance company.

Every patient will be asked to provide a credit card to keep on file. The card will not be charged until the Explanation of Benefits (EOB) returns from your insurance with the indicated remaining patient responsibility. Both the patient and our office will receive the same information from the insurance company.

The only amount charged will be the "patient responsibility" portion as defined by your insurance. You will receive an Email notification 7 days prior to any charges with the amount owing that will be charged to your card on file. This will allow for time to contact our office with any questions about the statement and the amount owed. Please refer to your EOB prior to contacting the office as this may potentially answer your questions.

A $35 admin fee per statement will be applied to anyone who declines to use auto pay.

If you feel there is an error on the amount charged, please contact the office and we will work with you to resolve and refund any amounts if applicable. We do ask for patients to check/verify with their EOBs first and contact our office within 30 days of the statement/charge date.

We take safeguarding your financial information seriously and have contracted with a third-party company, Instamed, to hold your encrypted credit card number securely for us. This ensures your credit card information cannot be associated with personal identifying information from your medical records.

Payment plans are available on a case to case basis, please call the office to discuss.

I have read and agree to the above stated policies regarding automatic payment collect.

_____ _____

Signature (if minor, Parent or Guardian signature) Date

_____ _____

Printed name of Patient or parent/guardian Date