Holistique Medical Center
1200 116th Avenue NE, Suite C
Bellevue, WA 98004-3802

Office & Financial Policy

Appointment & financial policies — please read and sign prior to your visit. **2026**

Thank you for choosing Holistique Medical Center for your healthcare care needs. We are committed to providing you with the best possible comprehensive naturopathic and regenerative medical care. The following statement provides you with our appointment and financial policies which we require you to read and sign prior to your visit to the Center and prior to receiving any therapies and treatments at Holistique Medical Center.

OUR RESPONSIBILITIES ARE

- To accurately and efficiently bill you according to services rendered to you and your family.
- To assist you in transparency of fees billed.

YOUR RESPONSIBILITIES ARE

- To pay for any and all cash services and products at the time of the visit.
- To provide Holistique Medical Center with accurate information if you wish us to assist you with your superbill/claims correctly, including copies of your insurance card(s) and photo ID.
- We accept Cash, Check, or Credit/Debit Card, and HSA Cards. No Post-Dated or Third Party Checks will accepted. All returned and NSF checks will result in a $50.00 fee.
- Complete a credit card preauthorization form and present a credit card, Health Savings or Flexible Spending card to be encrypted for automatic payment of cash services, remaining balances, products and other services as they become due on your account for cash services.
- To pay Holistique Medical Center at time of service rendered for all PIP (Personal Injury) claims. You are responsible to submit your claim to your insurance for reimbursement yourself.

APPOINTMENT POLICY

A scheduled appointment is a commitment of time between the provider and patient. We have reserved that appointment time just for you and we expect you to honor your appointment time as scheduled. We require at least 2 full business days (48 hours) for cancellations or changes to your appointment time. When appointments are missed or canceled with short notice (less than 2 full business days), the time is lost. We reserve the right to charge late fees for no shows or late cancellation and for late appointment changes.

A $200 Deposit for initial appointment will be applied to your total invoice due or non-refundable if late cancellation or no show.

MISSED, NO-SHOW & LATE-CANCELLATION CHARGES

Missed in-person or telehealth appointments, or appointments cancelled with less than 2 full business days notice, will be charged as follows:

- **50% fee** for provider appointments cancelled without advanced notice of 2 business days, or non-refundable $200 deposit.
- Loss of your total deposit for the scheduled appointment.
- **50% fee** for IV therapies and procedures cancelled without advance notice of 2 business days.
- If for any medical reason or if your veins are not accessible, and we are unable to administer to you your desired therapy, you will be charged half of the therapy fees.
- If you arrive more than 15 minutes late to your appointment, we will do our best to work you back into the schedule; however, you may be asked to reschedule and will be charged a late cancellation fee (1/2 the cost of your visit/therapy fees).
- All regenerative therapies require 4 full business days advanced notice for cancellation or changes to your appointment time, otherwise, you will be charged half of the therapy fees.

PROVIDER FEES / RATES

Dr. Darvish — Hourly Rate	**$440 per hour**
Dr. Sheetal Woods & other Naturopathic Physicians	**$350 per hour**

- Hourly rate applies in 15 min increments to administrative, lab interpretation, and clinical care management outside of the face-to-face visit in addition to face to face time spent with patients.
- Invoices reflect the TOTALITY of time spent including face-to-face office visit and administrative, clinical care management, and lab interpretation outside of face-to-face in-office visits.
- Additional tests and procedures performed in office during the office visit, not limited to Oligoscan, urinalysis, blood draw, IV therapy, injections, etc., will be charged in addition to the hourly rate.
- Additional provider hourly fee may apply in addition to the procedure or IV therapy or injections.
- If further testing is required to obtain an accurate diagnosis, your specimen will be sent to an outside laboratory where separate charges may apply.
- We are happy to supply a Super bill for you to submit for reimbursement.

PAYMENT ARRANGEMENTS

- I consent to keeping a credit card on file with Holistique Medical Center to be used for all unpaid balances for services rendered now and in the future. I authorize Holistique Medical Center to charge my card in full for any outstanding balances.
- I understand payments for Self-Pay and/or Non-covered services are due at the time of the office visit and give permission for these charges to be placed on my credit card on file.
- I am aware of the late show and late cancellation policy and give permission for these charges to be placed on my credit card on file if I am late or cancel my appointment late or do not show up for my appointment time.
- In an effort to be more environmentally conscious and earth friendly, we provide electronic statements.
- You may mail a check, or pay in person, or pay online. Otherwise, the balance due will be charged to your credit card on file.
- Unless other arrangements are made with Holistique Medical Center, we will automatically process the balance due to your credit card on file.
- If your card is declined or has expired, a second statement will be sent to you. Accounts not paid within 14 days of the second statement are considered past due and will incur a one-time $50.00 Late Fee. The Late Fee will be applied to your account and again, you will be responsible for payment of the Late fee.
- All accounts over 60-Days without an approved payment plan are subject to finance charges of 20% APR.
- Past Due Account balances must be settled prior to making or being seen for a subsequent appointment with any provider at Holistique Medical Center or Holistique Primary Care.

PATIENT / PARENT / GUARDIAN RESPONSIBILITY

- The parent(s) or guardian(s) accompanying a minor (under age 18) is (are) responsible for providing payment at time of visit for all services provided. At your minor's initial visit, you as the parent or guardian may sign a consent form for the minor to be treated without you present. This Minor Treatment Consent form allows us to render care at subsequent visits without the presence of you as the parent or guardian.
- As the guardian or parent of a minor being seen at Holistique, your minor is required to pay for the services rendered at time of service. Your credit card on file will be billed for any copays, deductibles, supplements, products, tests, and non-covered services provided to your minor. Holistique does not invoice absent parents or guardians for payments due at the time of service. The guardian or parent presenting the minor for care is the responsible party for all financial obligations.

LABORATORY FEES

Blood draws, in-house laboratory and diagnostic services and specimen collections performed at Holistique Medical Center will be charged along with an office visit fee. If further testing is required to obtain an accurate diagnosis, your specimen may be sent to an outside laboratory where separate charges will apply from that laboratory. Holistique Medical Center is happy to provide you with a Super bill for the in-house urine and throat swabs or blood draw for you to submit for possible reimbursement from your Insurance.

NON-COVERED SERVICES

The following Services are NON COVERED SERVICES by Insurance. Thus, we DO NOT BILL and we do not provide superbills for the following therapies and visits. You are responsible for payment at time of service rendered.

- Telehealth visits, phone calls and consults, provider response to patient messaging.

- Aesthetic and regenerative therapies, light therapies, cold laser, IV therapies, PRP (platelet rich plasma), PRP injections, Neural therapy, Prolotherapy. Ozone therapies, ultrasound-guided injections, non-ultrasound guided injections, peptide therapies, Facelifts and Facial procedures, Hair restoration therapies.
- Allergy Desensitization testing and therapies, Autonomic Response testing, Bioimpedance Analysis, Biopuncture, Acupuncture, Ionic Hydrotherapy.
- Constitutional therapy, Craniosacral Therapy, Emotional Release Therapy, Weightloss programs including HCG program, GLP-1 therapies, etc.
- Oligoscan test, Ondamed therapy.
- Pellet implants and pellet procedures, Hormone creams, and hormone replacement therapies, Supplements, specialty products.
- UBI, Hemealumen light therapies, Weber light therapies, NanoVI therapy, Hyperbaric oxygen therapies, oxygen therapies.
- Reflexology, Massage, Kiniseotaping, Structural Integration therapy, Visceral manipulation.
- Regenerative Cell therapies, Q-Restrain (SOT), Cellular therapies.
- Therapeutic plasma exchange w/ or w/o IVIG.
- EMSCULPT NEO, EMSELLA.
- Specialty Labs, Functional Medicine tests. Supps.lements, Thermography and Regulation thermometry.
- All IV and Infusion Therapies, Interferential, Klear Therapy, laser Detox, Ultrasound guided injection therapies, Ultrasound. All Injections and infusions, Neural therapy, Neuroprolotherapy.
- All Therapy packages.
- Non-insurance contracted providers.
- Non-insurance covered services.

COLLECTION POLICY

- I understand I will be charged for, and hereby agree to pay, all costs and expenses incurred in collecting any past due fees, and interest allowed by law, all without relief from valuation and appraisement laws.
- All unpaid accounts, regardless of size, are turned over to Physician's & Dentists Credit Bureau or pursued in small claims court.
- Returned Checks and Chargebacks: All returned checks will be subject to a $50 returned check fee. If the check is returned for any reason you have 7 days to contact the office and arrange another form of payment. Credit Card chargebacks will be subject to a $50 administrative fee, in addition to any other bank fees that are assessed.
- Holistique has a collection policy in place for delinquent accounts. If we have been unable to obtain payment in full or maintain scheduled payment arrangements from you after 60 days of repeated attempts, the account will be turned over to our collection agency and you will be discharged from Holistique.
- Patients who are discharged from Holistique Medical Center & IV Lounge or Holistique Primary Care due to non-payment may request a copy of their medical records at the legally allowed cost to be sent to the health care provider of their choice in order to continue care.

ASSIGNMENT

- I authorize payment to be made directly to Holistique Medical Center and I accept financial responsibility for all services not covered by my insurance.
- I authorize release of any medical care information requested by my insurance company when necessary. I authorize the use of my signature below on all my insurance submissions whether manual or electronic.

CREDIT CARD PREAUTHORIZATION

- I consent to keeping a credit card on file with Holistique Medical Center and Holistique Primary Care to be used for all unpaid balances for services rendered now and in the future. I authorize Holistique Medical Center to charge my card in full for any outstanding balances.
- I understand payments for Self-Pay and/or Non-covered services are due at the time of services rendered. I give permission for these charges to be placed on my credit card on file.
- I am aware of the late show and late cancellation policy and give permission for these charges to be placed on my credit card on file if I am late or cancel my appointment late or do not show up for my appointment time.

ACKNOWLEDGEMENT

I certify that I have read the financial and appointment policies of Holistique Medical Center and Holistique Primary Care. I agree to abide by these policies as stated above.

NOTICE OF PRIVACY PRACTICES (HIPAA) — WRITTEN AGREEMENT & INFORMATION RELEASE

I have read a copy of Holistique Medical Center's Notice of Privacy Practices. I understand a written copy will be provided to me at any time upon my request. I understand Holistique Medical Center has a link to the Notice of Privacy Practices on the practice website located at: https://holistique.com

PATIENT SIGNATURE *

RELATION TO PATIENT

DATE *

I understand that at times I may receive text or email appointment reminders, messages, educational, update and event information, as well a promotional materials. I consent to receiving messages via text and/or email from Holistique for appointment reminders, laboratory results, educational, event, update information and promotional materials. * ☐ Yes ☐ No

PATIENT SIGNATURE

FREQUENTLY ASKED QUESTIONS

How can I get reimbursed by my insurance for the non-covered cash providers?

Even though Holistique Medical Center providers are not contracted with insurance, you may be still able to received out-of-network reimbursement by sending in your superbill with receipt to your insurance company. Payment by your insurance company is not guaranteed and varies for the type of visit and provider you see. You may request a superbill from our biller.

Can I get my labs covered by my insurance even if the doctor is not contracted by insurance?

Even though your doctor is not contracted with your insurance, depending on your insurance plan, most will cover necessary laboratory tests through laboratories that are contracted with your insurance. Coverage again depends on the type of tests. Some insurance companies require that both the provider ordering the labs and the laboratory be contracted with insurance.

How do I pay my bill?

There are multiple options — you can send in your check or card payment by mail, call to pay by phone, or pay online. Please see the main Holistique billing page to pay your bill online.