



## 2025-Office Financial Policy

Thank you for choosing Holistique Medical Center and/ or Holistique Primary Care 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.

### OUR RESPONSIBILITIES ARE:

- ◆ To accurately and efficiently bill you according to services rendered to you and your family.
- ◆ To assist you in resolving any problems with in-network claim payment.

### YOUR RESPONSIBILITIES ARE:

- ◆ To pay for any and all cash services and products at the time of the visit.
- ◆ To provide Holistique Primary Care with accurate information for us to submit your claims correctly, including copies of your insurance card(s) and photo ID. This pertains mainly for visits with Holistique Primary Care providers contracted with insurance.
- ◆ To submit your claims for any out-of-network services to your medical insurance and PIP insurance.
- ◆ To pay your copay, co-insurance, deductible or complete invoice at the time of service rendered. We accept Cash, Check, or Credit/Debit Card. No Post-Dated or Third Party Checks will accepted. All returned and NSF checks will result in a \$50.00 fee.
- ◆ To 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 co-pays, coinsurance, deductible balances as they become due on your account determined by your insurance plan or cash services. All co-pays, co-insurance, deductibles will be charged immediately once your insurance has processed the claim.
- ◆ To pay Holistique Medical Center and Holistique Primary Care 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 for cancellations or changes to your appointment time. We reserve the right to charge fees for no shows or late cancellation and appointment changes.



Missed in-person or tele health 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.
- ◆ 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.
- ◆ Insurance companies do not reimburse for missed appointment charges or phone calls or telehealth visits.
- ◆ 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.

**REFERRALS/AUTHORIZATIONS:**

- ◆ Some insurance plans require your primary care provider to obtain a referral pre-authorization number from the insurance company for you to see one of our insurance contracted providers for that specific insurance based visit or therapy. It is your responsibility to ensure that a referral number has been obtained and sent to our insurance contracted provider so that we can bill your insurance for the insurance-based service.
- ◆ If your insurance company denies payment because a referral has not been obtained, you will be responsible for the total cost of the visit and service at the TIME of services rendered.
- ◆ You are responsible for any and all balances classified as 'Patient Responsibility' by your insurance company.
- ◆ Any dispute with claim processing is between you and your insurance company.

**PAYMENT ARRANGEMENTS:**



- ◆ For all cash patients and those seeing providers not contracted with insurance and for non-insurance covered services, the total payment is due in FULL at Time of Service.
  - ◆ A \$200.00 Deposit is due at the time of scheduling for any and all services, including those seeing insurance contracted providers for insurance based services. Your \$200 deposit will be applied to your visit copay, deductible, visit fees, therapy fees and/or products rendered on the appointment day. Late Cancellation (less than 2 business days) notice or no shows forfeits your \$200 deposit. You will lose your deposit as a result of a late cancelation or no show.
  - ◆ Insurance-covered patients seeing insurance-contracted providers at Holistique Primary Care: Once your insurance processes your claim, a copy of the EOB (Explanation of Benefits) will be issued to you by your insurance. Holistique Primary Care will send a patient statement for the balance due based off your finalized claim.
  - ◆ 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 Primary Care, 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.
- \*\*All Co-pays, Co-insurance, Deductibles are DUE UPON Receipt of Notice from your Insurance.

**PATIENT/PARENT/GUARDIAN RESPONSIBILITY:**

- ◆ The parent(s) or guardian(s) accompanying a minor (under age 18) is (are) responsible for providing current medical insurance information for the minor as well as the payment for 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.



**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, 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.
- ◆ Specialty Labs, Functional Medicine tests. Supplements, 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 appraisal 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 Primary Care by my insurance company, 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. 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 and Holistique Primary Care to charge my card in full for any outstanding balances. If billed to Insurance, charges will only be made after the claim has been adjudicated by the insurance carrier.
- ◆ 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.

**PATIENT SIGNATURE \***

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Date: \*

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**FAQ's**

**If my visit was covered why didn't my insurance pay?**

Just because a visit or treatment is said to be covered, it does not guarantee payment by your insurance company. You may have a deductible that has to be satisfied or a coinsurance percentage that is owed. If the provider you are seeing is contracted with your insurance, and you have naturopathic benefits, Holistique Primary Care will reduce the visit charge to the amount that your insurance company allows before billing you.

**What is a deductible?**

A deductible is the amount you owe for services PRIOR to your insurance benefits and coverage kicking in.

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**Why do I have to pay a copay?**



A copayment is a set amount in your insurance contract that is due to a provider at the time of service for some or all visits, depending on your plan.

**Can you bill my visit as preventative?**

Some insurance plans may allow one free wellness exam a year with your Primary Care Provider; however, specialist visits are excluded. If your PCP is one of the insurance based providers at Holistique Primary Care and you have a preventative or wellness visit benefit, Holistique Primary Care will bill your insurance.

**How do I get a referral?**

If your insurance requires a referral in order for your visit to be covered, you must contact the Primary Care Provider associated with your plan to obtain the referral number from your insurance. Your PCP will then initiate a referral through your insurance company for authorization in order for your visit to be covered at Holistique Primary Care. If your authorization is not available to Holistique at time of your visit, you are fully responsible for the visit and therapy fees.

**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

**PATIENT SIGNATURE \***

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