



2024-Office Financial Policy

Thank you for choosing us for your healthcare care needs. We are committed to providing you with the best possible medical care. The following is a statement of our appointment and financial policies which we require you to read and sign prior to your treatment.

OUR RESPONSIBILITY:

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

YOUR RESPONSIBILITY:

- ◆ To pay for any and all cash services at the time of the visit.
- ◆ To provide us with accurate information to submit your claims correctly, including copies of your insurance card(s) and photo ID.
- ◆ To submit claims for any out-of-network services.
- ◆ To pay your copay at the time of service. We accept Cash, Check, Credit/Debit Card, and Care. No Post-Dated or ThirdParty Checks. All returned and NSF checks will result in a \$35.00 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 co-pay, coinsurance, deductible balances when they become due on your account as determined by your insurance plan or cash services. All COPAYS, COINS, Deductibles will be ran immediately after insurance processes.

APPOINTMENT POLICY:

A scheduled appointment is a commitment of time between the doctor and patient. We have reserved time just for you. When appointments are missed or canceled with short notice, that time is lost. When you've made an appointment, we request you make every effort to keep that appointment. We understand that emergencies do arise, but reserve the right to charge no show or late cancellation fees

Missed appointments or appointments canceled with less than (48 hour) business days' notice will be charged as follows:

- ◆ 50% fee for regular appointments cancelled without advanced notice of 2 business days.
- ◆ 50% fee for IV treatments canceled without advance notice of 2 business days.
- ◆ Insurance companies do not reimburse for missed appointment charges
- ◆ Please note that if you arrive late to your appointment, we will do our best to work you back into the schedule, however, you may be asked to reschedule.

REFERRALS/AUTHORIZATIONS:



- ◆ Some insurance plans require your primary care provider to obtain a referral authorization number from the insurance company for you to see us. Insurance companies do this to increase their profits by limiting your access to healthcare. A referral requirement is the result of your contract with your insurance company, so it is ultimately your responsibility to ensure that it has been done.
- ◆ If your insurance company denies payment because a referral has not been obtained, you will be responsible for the cost of the visit.
- ◆ You are responsible for any balances classified as 'Patient Responsibility' by your insurance company.
- ◆ Any dispute with claim processing is between you and your insurance company.

PAYMENT ARRANGEMENTS:

- ◆ Cash Patients Payment is due in full at time of service.
 - ◆ \$200.00 Deposit is due for a New Patient at time of scheduling for Cash patients.
 - ◆ Insurance Patients: Once your insurance processes your claim, a copy of the EOB (Explanation of Benefits) will be issued to you by your insurance. Holistique Naturopathic Medical Center will send a patient statement for 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, or allow the balance to be charged to your credit card on file.
 - ◆ Unless other arrangements are made, HMC will process the balance due to your credit card on file
 - ◆ If your card is declined or has expired, a second statement will be sent. Accounts not paid within 14 days of the second statement become past due and may incur a one-time \$35.00 Collection Fee. The Collection Fee will be applied to your account..
 - ◆ All accounts over 60-Days without an approved payment plan are subject to finance charges of 9% APR.
 - ◆ Past Due Account balances must be settled prior to making or being seen for a subsequent appointment.
- **All Co-pays, Coins, Deductibles are DUE UPON Receipt of Notice from your Insurance

PATIENT/PARENT/GUARDIAN RESPONSIBILITY:

- ◆ The parent(s) or guardian(s) accompanying a minor is responsible for providing current insurance information for the minor as well as the payment for services provided. At the initial visit, you may sign our consent for minor treatment form that allows us to render care at follow up visits without the presence of a parent or guardian.
- ◆ HMC does not bill absent parents for payments due at the time of service. The adult presenting the minor for care is the responsible party.

LABORATORY FEES:

Blood draws and urine services performed in-house labs will be charged along with an office visit. 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 possible reimbursement from your Insurance.

The following Services are NON COVERED SERVICES by Insurance:



- ◆ Aesthetic Laser – All Laser Treatments-Meridian Stress Analysis-Meso Therapy-Needle Free Acupuncture
- ◆ Allergy Treatments-Autonomic Response test-Bioimpedance Analysis-Biopuncture-Bionic Hydrotherapy
- ◆ Colon Therapy-Constitutional therapy-Craniosacral Therapy-Emotional Release Therapy-Varies-ESTECK-HCG Program
- ◆ Food Pharmacy-Oligoscan test-Ondamed-Ozone Therapy-Phone Consult-PRP-Pellet implants-Prolotherapy
- ◆ Reflexology-Regenerative Stem Cell-Regulation Thermometry-Specialty Labs-Supplements –Thermography
- ◆ IV Therapies-Interferential-Klear Therapy-laser Detox-Ultrasound Tx-Vitamin Injections, Neural therapy
- ◆ Unless you see a contracted provider for an office visit or annual physical

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 \$35 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.
- ◆ HMC 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 120 days of repeated attempts, the account will be turned over to our collection agency and you will be discharged from the practice.
- ◆ Patients who are discharged from Holistique Naturopathic Medical Center due to non-payment may request a copy of their medical records 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 Naturopathic Medical Center 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 to be used for all unpaid balances for services rendered now and in the future. I authorize Holistique Naturopathic Medical Center 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 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.



ACKNOWLEDGEMENT:

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

PATIENT SIGNATURE *

Date: *

FAQ's

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

Just because something is covered, 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 we are contracted with your insurance, we will reduce the visit charge to the amount that your insurance company allows before billing you.

What is a deductible?

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.

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 that. Your PCP will then initiate a referral through your insurance company for authorization in order for your visit to be covered.

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 HMC billing page to pay your bill online

PATIENT SIGNATURE *



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