

GENERAL INSURANCE AND FINANCIAL POLICY

Evergreen Integrative Medicine 11520 NE 20TH ST Bellevue, WA 98004

To our valued patients:

We regret that due to increased hold times and new policies and restrictions implemented by insurance companies that restrict the amount of information our office can procure, our office is unable to verify insurance benefits for our patients. Furthermore, past experiences have demonstrated that when we did verify benefits, our office has not always received payment according to the quoted benefits, thus leaving our patients with greater financial responsibility than expected. That being said, as a patient of this office, it is your responsibility to know your benefits when receiving treatment in our office.

Therefore, we STRONGLY recommend that you call your insurance company to verify your benefits.

Our Financial Policy is as follows:

1. As a patient of this office you are directly responsible for payment of all charges incurred while under treatment.
2. **If your card lists a co-pay amount on it, then your co-pay is due at the time of each service.** (If our biller can verify that the services are not subject to a co-pay, we will credit your account.) **Missed co-pays: \$10 charge.**
3. All supports, supplements and supplies must be paid for at the time of service. (No insurance will be billed.)
4. Overdue accounts past ninety (90) days will be assigned to a collection agency of our choice.
5. Interest of 1.0% per month is accrued on all past due accounts. There is a \$20.00 charge for any returned check.
6. No Show or Late Cancellation (less than 24 hours notice) Fees: \$150 – Physical or New Patient \$50 – all others

Please read this supplemental information:

1. Our providers render multiple types of services including, but not limited to: naturopathic care (ND), chiropractic care (DC), osteopathic manipulation (ND), acupuncture care (LAC). Our providers also render services that are often processed under a separate therapy or rehabilitation benefit that may be subject to your deductible. Examples include: NMR (neuromuscular re-education), Exercises, Manual Traction, Myofascial Release, Manual Massage.
2. Our providers can never know how your claim will be processed until the payment is received from your insurance company, therefore all services rendered will be billed using the appropriate code(s) per insurance requirements and national billing guidelines. If you have questions or concerns about how your treatment will be billed, they must be addressed either before or during your visit.
3. Acupuncture services are a time-based service. Service time is defined as beginning with first face-to-face interaction with the patient in the treatment room until the time the patient leaves the treatment room. Services are billed as either one (1) unit or two (2) units with these timelines:
1 Unit = 8-22 minutes 2 Units = 23-37 minutes

ULTIMATELY IT IS YOUR RESPONSIBILITY TO KNOW WHAT YOUR BENEFITS ARE. WE HIGHLY RECOMMEND THAT YOU CALL YOUR INSURANCE COMPANY TO VERIFY YOUR BENEFITS!

Patient Signature

Date

Witness (Staff Signature)

****Failure to sign this form does not release the patient from financial responsibility for any charges incurred in our office.****