

Health for Life Naturopathic Medicine **Payment Agreement & Cancellation Policy**

Please read the following agreement. It explains your financial obligations while under our care and our policies regarding cancellations.

- Payment is always due at the time of service.
- We accept the following forms of payment: Cash, Check, Debit Card, Visa, Mastercard, and American Express
- We do not accept insurance, however:
- If you have a PPO-style plan (these are plans that allow you to see doctors who are not part of your insurance company's provider network), we can do the following.
 - Prepare a health insurance claim form and give it to you to submit to your insurance company to request reimbursement of your visit charges.
 - Bill your insurance company for labs and imaging studies.
 - We can never guarantee that your insurance company will reimburse you for your visits or cover the cost of your labs and imaging studies. You are ultimately responsible for the cost of your care at our office.
 - All new patients are required to provide a valid credit card number, including expiration date and billing zip code, in order to schedule a new patient appointment.

New Patient Appointments:

- If you cancel your appointment with less than 48 hours' notice, or fail to show for your appointment without notification, your credit card will be charged \$100.
- If you call to cancel your appointment with less than 48 hours' notice and choose to reschedule another appointment at that time, your credit card will be charged \$50.
- New patient visits require the doctor to block out large time slots, making last-minute cancellations and rescheduling of visits very problematic. We spend an inordinate amount of time and energy with each and every one of our new patients because we are committed to providing the highest quality care to be found anywhere.

Follow-Up Visits:

- If you cancel a follow-up visit within 24 hours of your scheduled appointment, or fail to show for your appointment without notification, your credit card will be charged \$50.
- Assuring that all our established patients have access to their doctor when necessary is a constant challenge. When you cancel or reschedule with adequate notice, it is more likely that another patient in need will be able to use your time-slot. When you cancel or reschedule at the last minute, or fail to show for your appointment, you are depriving another patient of the care they need.

Phone Consultations:

- We bill for phone consultations. They require the same time and expertise as office visits.
- Billing for phone consultations is, however, at the doctor's discretion. Your doctor may choose not to bill you if the nature of the phone consultation is uncomplicated, such as taking a minute to address a quick question. If the number of questions needing to be addressed is greater or takes more time, it is likely your doctor will bill for the phone consultation.

There are no refunds on any labs or services.

By signing this payment agreement & cancellation policy, you are indicating that you understand and agree to the terms of service explained above. You are also indicating that you have given your permission to us to charge your credit card for missed appointments, phone consultations, or any of the above stipulations that may apply to you. **We will only automatically charge this card as described by the terms above.** If you request, phone consults or other services may be paid with another card or account at the time of service. Your card on file can also serve as a convenient way to pay for supplements or services without having to wait in line at check out. As a courtesy, the front desk staff will call two work days prior to your appointment to remind you of your scheduled time.

Signature: _____ Date: _____

Type of Card: Visa MC AmEx Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____

Health for Life Naturopathic Medicine **Confidentiality Statement**

Your privacy is important to us. All medical records and interactions between doctor and patient are entirely confidential.

Outlined below is a brief summary of your rights and protections under the Health Insurance Portability and Accountability Act (HIPAA).

For a complete accounting of your rights under HIPAA, you may go to <http://www.hhs.gov/ocr/hipaa/> or by calling 1-866-627-7748. You may also view a copy of our HIPAA privacy notice on our website, posted in our office and available upon request at any time.

Your rights include:

- Asking to see and get a copy of your health records.
- Requesting corrections added to your health information.
- Receiving a notice that tells you how your health information may be used or shared.
- Deciding if you want to give your permission before your health information can be used or shared for certain purposes, such as marketing.
- Requesting where you would like to be contacted.
- Asking that your information not be shared. For example, you could ask your doctor not to share your medical record with other doctors in the office

If you believe your rights are being denied or your health information isn't being protected, you can

- File a complaint with your doctor
- File a complaint with the U.S. Government.

If it is necessary to reduce or prevent a serious threat to your health and safety, or the health and safety of another individual or the public, your doctor has the obligation to disclose any relevant information.

Contact Information:

The following people other than a guardian or conservator are authorized to discuss my medical condition or billing information with a healthcare professional in this practice:

- 1) _____ 3) _____
2) _____ 4) _____

Please Check One:

_____ I hereby authorize this medical practice to contact me by telephone and if I am not present, they may leave a message on my voice mail.

_____ Do **NOT** leave messages on my voice mail other than the name of the caller and the telephone number.

All calls regarding your care, test results, and appointments will be made to **your cell phone number** or **number you gave us when scheduling your first appointment**. If you would like us to contact you at an alternate telephone number, please indicate that telephone number here: (_____)_____

Name of Patient or Legal Guardian: _____

Signature: _____ **Date:** _____

Health for Life Naturopathic Medicine
Fee Schedule, Labs & Other Diagnostic Testing

Fee Schedule:

Initial Visit Adult or Pediatric	\$225
Initial Visit Pediatric	\$150
Follow-up Visits: (for in office or phone consultations)	
15 minute	\$40
30 minutes	\$80
45 minutes	\$120
60 minutes	\$150
90 minutes	\$225
Labor Support Package	\$1,000
Home Birth Package	\$3,600
Acupuncture	same as office rates
Manipulation	\$35
IV Therapy	\$75 (may vary depending on treatment given)
B Vitamin Injections	\$20-30

The purpose of this document is to help you make an informed choice when your doctor recommends lab tests, imaging studies (x-rays, MRI, etc.) or other diagnostic procedures.

You should be aware that **Medicare and private insurance companies may not pay for all diagnostic tests ordered by your doctor**, even those your doctor considers absolutely necessary. If you agree to any testing recommended by your doctor and your insurance company refuses to pay for the testing, you are responsible for the cost of the ordered tests. **Medicare does NOT cover any testing ordered by non-Medicare providers. Currently, naturopathic physicians are NOT Medicare providers.**

As a general rule, many specialty lab tests are not covered by private insurance companies or Medicare, though there are exceptions. Your doctor will be happy to tell you whether the tests being recommended are specialty labs.

Once ordered, there will be NO REFUNDS on labs or any other diagnostic testing.

Several things to keep in mind when your doctor recommends diagnostic testing:

- 1) Your doctor will be happy to explain any testing to you and why they believe it is necessary.
- 2) You always have the right to refuse any testing recommended, though your doctor also has the right to discharge you from their care if they believe the testing is mandatory.
- 3) Our front desk staff will be happy to inform you of the cost of the recommended tests.
- 4) Even if you have insurance, you may opt to pay for tests out-of-pocket at the discounted cash price in order to avoid any possibility that your insurance company will refuse to pay. You may be able to pay for diagnostic testing not covered by your insurance company using a Health Savings Account or Flex Spending Account.
- 5) If your insurance company does refuse to pay, the lab or imaging center will usually charge you the full retail price of the tests.

Please choose one option below:

- ❖ **Yes**, I am open to receiving laboratory testing as recommended at this office. All of the testing options and prices can be discussed before making any decisions to run labs. I understand that Medicare or my private insurance company may not pay for these tests, and I will be responsible for any lab charges not covered by insurance.
- ❖ **No**, I have decided not to receive any laboratory tests at this office. I understand that by not having tests done, my doctor may not be able to properly diagnose and treat me, and has the right to discharge me from care. I also understand that if my insurance company covers testing when ordered by my primary care physician or another doctor, I can request tests through my other doctor's office and authorize for a copy of the results to be sent here.

Patient Name: _____

Signature of Patient/Responsible Party

Date