

Client Fees and Payment Policies of Emerald City Naturopathic Clinic, Inc., P.S.

We plan for your experience at Emerald City Naturopathic Clinic to be an excellent one. To further that goal, we want you to be fully informed about our fees and payment policies. Full payment for all charges is required at the time of service. In special circumstances, the doctor may arrange differently. Emerald City Naturopathic Clinic bills only the following insurance claims: PIP accident claims and L&I claims. See section #7 below for payment policies in these cases. If you have other insurance coverage and you wish to submit a bill to request reimbursement for services received here, please ask for a **superbill** from the doctor during each visit. These can also be provided for you at a later date at a charge of \$3.00 each.

We accept payment by check, cash, MasterCard, or Visa. Checks or credit card payments that are denied for lack of funds will incur a fee of \$35.00. A minimum billing fee of \$2.00 or 15% APR, whichever is greater, is added to any unpaid balance. Slight fee increases occur in September of each year to accommodate increases in expenses. We reserve the right to make changes in our fees and/or policies without advance notice. We are committed to providing quality economical health care. Thank you for selecting Emerald City Naturopathic Clinic for your health needs.

1. **First Office Call:** Variable: \$258.00
This is generally for an extended visit. Fee scale applies also to first visits by phone. Phone charges and time spent in addition to the phone visit for sending supplies or paperwork will be additional.
2. **Return Office Call:** Variable: \$152.00
Visits that extend past 30 minutes will be charged for an extended office call.
3. **Extended Return Office Call:** Variable: \$180.00 minimum charge
4. **Phone/ Email Consultations:** Variable: \$ 71.00 minimum charge
PIP and L&I insurance do not cover this expense—this fee is your responsibility. Phone or email consultations are provided for established clients only under special circumstances determined by the physician. The minimum fee is charged for any phone consultation up to 15 minutes and for email responses where a single reply suffices. Phone consultations that extend beyond 15 minutes will incur a greater charge. Email consultations that require multiple communications will incur additional charges. This fee is not charged in the following cases: when you require clarification of on-going therapy and when the doctor has asked you to call. If there is any question about this service you are welcome to ask in your call or your email inquiry. The physician will respond to your inquiry within 24 hours; however, due to unexpected medical emergencies a response is sometimes delayed. If the doctor has not responded within 24 hours, please call or email the doctor again.
5. **Emergency Pager:** \$ 71.00
PIP and L&I insurance do not cover this expense—this fee is your responsibility.
In cases of medical emergency, the doctor is available 24 hours a day by emergency pager.

6. **Cancellation Charge:** We require 24 hours notice received during our normal business hours for canceled or rescheduled visits, or a charge will be billed to you. PIP and L&I insurance does not cover this charge; it is your responsibility. There is no charge for visits canceled with 24 hours notice. Half the cost of the scheduled visit will be charged for cancellations with less than 24 hours notice. Full fee is charged if no notice is received.
7. **Insurance:** All charges incurred at our office are your responsibility, regardless of insurance coverage. You are responsible to know your coverage. In the event that your PIP coverage does not fully cover service received at ECN, you are responsible for payment. PIP coverage generally does not cover medications. These must be paid by you at the time of purchase. ECN accepts L&I payments as payment in full for a claim that has been authorized by the Department of Labor and Industries. If payment is denied because we were not informed by you at the outset of treatment that the health condition is due to a work injury, you will be responsible for payment of all charges for service received.
8. **Purchase & Return of Pharmacy Items/ Products:** Regardless of insurance coverage, all pharmacy items must be paid for at the time of purchase. Credit on account will be given for unopened items in perfect condition if returned within 30 days. No credit will be given for items returned after 30 days. Refunds cannot be made. Injectibles, injection supplies, products packaged in the clinic, and birth control devices cannot be returned.
9. **Mailing of Pharmacy Items:** We will mail you items for which you have pre-paid, including a minimum handling fee of \$5.00 plus postage. Unfortunately, we cannot be responsible for your reception of these items. No refund can be made, or unpaid replacement sent, if the items fail to reach you.
10. **Physical Medicine Services:**

Infrared Sauna, Steam Shower, Hydrotherapy	\$16.00/ 15 minutes
Electrical Stimulation, Ultrasound	\$16.00/ 15 minutes
Manual Therapy, Craniosacral	\$32.00/ 15 minutes
11. **Normal Business Hours:**

Monday -- Thursday:	9:00 AM—12:00 PM & 2:00 PM—5:00 PM
Friday:	9:00 AM—12:00 PM (scheduled appointments)
	2:00 PM— 5:00 PM (pharmacy sales & scheduling only)

Our phone message will alert you to any change in our hours, and provide you with emergency contact numbers. Urgent messages left during our stated business hours for the day will be responded to within that day if we are able to reach you or your phone machine. If you have not received a reply to a message, and your need for assistance becomes urgent, you may choose to page the doctor and pay the pager fee.

I agree to make payment according to the policies of Emerald City Naturopathic Clinic. I understand that payment is due in full at the time of service. By receiving a service at Emerald City Naturopathic Clinic I am agreeing to pay for that service even if my insurance company denies payment. I give permission for the release of information requested by my insurance company to assist in processing my insurance claims.

Patient Name (Please Print)

Patient Signature

Date