General Insurance & Financial Policy

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Financial Policy ~ Please be sure to read ALL sections before signing. Your signature is a contract with our office.

1. Patients are responsible for payment of all charges incurred while under treatment.
2. If your insurance card lists a co-pay amount, your co-pay is due at the time of service. (If our biller can verify that services are not subject to a co-pay we will credit your account.) Missed co-pays may be subject to a $10 charge.
3. Most supports, supplements and supplies cannot be billed to insurance and must be paid for at the time of service.
4. Overdue accounts past ninety (90) days may be assigned to a collection agency of our choice.
5. Interest of 1.0% per month will accrue on all past due accounts.
6. There is a $20 charge for any returned check.
7. No show or late cancellation (less than 24 hours notice) fees: Yearly Physical or New Patient: $150 All others: $50
8. Appointment reminders are a courtesy, only. It is ultimately the responsibility of the patient to remember their appointment.

Insurance Policy

1. Our office does not verify insurance benefits for patients. It is the patient's responsibility to know their benefits.
2. Patients are responsible for providing a correct address, phone number and a copy of their insurance card at each visit. Insurance is a contract between the patient and the carrier; your involvement would be expected on an unpaid claim older than 90 days. We cannot accept responsibility for collecting on insurance claims or negotiating a disputed claim denied with a "PR" (patient responsibility) code.
3. Our provider(s) 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 contracts and national billing guidelines. We will not re-code (change a procedure or diagnosis code) and re-bill any service(s) unless a coding error has been made on our part.

Supplemental Information

1. Our providers render multiple types of services including, but not limited to: naturopathic care (ND), chiropractic care (DC), osteopathic manipulation (ND), and acupuncture (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, and Manual Massage.
2. Our office uses a comprehensive approach to medicine. What does this mean? It means we may use multiple medicinal approaches and techniques to treat your condition. For example, we may include use of myofascial release (billed as a separate service) even if you scheduled for "just acupuncture." The use of multiple techniques would be to enhance the best possible outcome for you, the patient.
3. Our providers do not know how your claim will be processed until 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. Some insurance companies might require two co-pays if multiple types of service (such as acupuncture and/or chiropractic and/or naturopath) are performed at the same service. If you have questions or concerns about how your visit will be billed, they must be addressed either before or during your visit. We have a dedicated billing department that is available to help you with any questions about billing or finance. Their number is: (425) 825-8674.
4. 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
5. **ATTENTION Regence, Premera, United Healthcare and Cigna patients**…some of these plans require pre-notification or pre-authorization from the health plan. Unfortunately, due to the way these systems were set up by the insurance companies and/or their subcontractors, we are not able to submit these requests until after you have been seen by the provider. If the request for pre-authorization or pre-notification is denied, you will be financially liable for your visit. A copy of the denial will be made available to you upon request.
6. **KAISER PATIENTS ~** Kaiser does not cover annual physicals at this office. This will be an out-of-pocket expense.

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Patient Name | Patient or Parent/Guardian Signature | Date