

Primavita Family Medicine, PLLC
Fees and Payment Policies Acknowledgement Form

Thank you for selecting Primavita Family Medicine for your healthcare needs. This form will inform you about our fees and payment policies. Please call Debra with Puget Sound Medical Billing to check your detailed insurance coverage information at 206-434-6317.

1. Acceptable Payment Forms

Cash, Credit cards, Checks, Health Savings Account (HSA), Flexible Spending Account (FSA), and most insurance networks (*Please check insurance if naturopathic medicine and acupuncture are covered*).

2. Naturopathic Medicine and Acupuncture Services¹:

Note: Please contact your insurance provider for estimated cost or talk with our billing specialist, Debra, at Puget Sound Medical Billing at 206-434-6317

First Office Call (75 minutes)

Return Office Call (45 minutes)

Manual Therapy, Personal Injury Case (60 minutes)

Phone Consultation (10 minutes)

Email Consultation (existing patients only)*

E-mail consultations are available for the following situations:

- ∞ Clarification of your on-going therapy
- ∞ Questions related to your treatment plan
- ∞ Email requested by our staff

****Emails are free if they take less than 5 minutes to respond to. If the topic is in reference to a new condition that has developed, we require patients to schedule an appointment or a phone consultation, or we charge our standard minute rate.***

E-mail consultations are not to be used to substitute for a scheduled phone consult or office visit. *Please be aware that email is considered unsecured for transmission of confidential health information.* If there is any question about this service, please ask our clinic for clarification.

3. Packages and Cash Plans

Note: Please contact our office for more information at 425-273-0741

4. Appointment Time and Cancellation Policy

¹ We reserve the right to make changes in our fees and/or policies without advance notice. Prices quoted are for cash patients. Insurance fees vary depending on services provided at your visit and your insurance plan.
 Revised 5/03/13

- ⌘ If you arrive late for your appointment, we will have whatever time is left in your appointment slot.
- ⌘ We require a 24-hour advance notice by phone during our normal business hours for canceled or rescheduled visits to avoid the cancellation fee. An appointment cancelled less than 24 hours in advance will result in a \$60 cancellation fee.
- ⌘ A full office visit fee is charged if no notice is received unless there is a family emergency or other serious cause for you to miss your scheduled appointment.
- ⌘ Past due accounts will be billed a 1.5% monthly interest on any unpaid balances.

5. Insurance

All charges incurred at our office are your responsibility, regardless of your insurance coverage. It is also your responsibility to know your coverage.

Primavita is a preferred provider for most insurance plans, and we require that co-payments and supplements be paid in full at the time of service.

For personal injury cases only, Primavita will bill the insurance carrier for services rendered. You are responsible for payment of any care that is provided that exceeds your limits. We will work with you to ensure you receive the care you need however please make sure that you understand your insurance deductible and limits.

At your request, Primavita will provide you an invoice (superbill) that you can submit to your insurance company or to your employer to take advantage of your flexible benefits plan or health savings account. Please call the number on the back of your insurance card to find out what you need to do. There is no guarantee that you will be reimbursed. Check with your insurance provider to see what percentage they cover for in or out-of-network health practitioners.

6. Lab Charges

Lab charges are set by individual labs and are outside of Primavita's control. Insurance typically covers most lab tests. Primavita will not be responsible for any lab fees rejected by your insurance company.

7. Supplements

All Sale of supplements are **Final** without refunds or exchanges. Supplements are only provided as a convenience to benefit patients. More information about our supplements may be provided by contacting the manufacturer directly.

By signing below, I agree to the following pertaining to personal financial responsibility:

- ☞ I agree to make payment according to the policies contained in this document.
- ☞ By receiving a service from Primavita, I agree to pay for that service even if my insurance company denies payment.
- ☞ I agree to pay for all services at the time of service.
- ☞ I agree to pay an additional \$35.00 fee for insufficient fund checks.
- ☞ I give permission for the release of information requested by my insurance company to assist in processing my insurance claims.
- ☞ I agree to be responsible for all costs of collection, attorney's fees, court costs, or other entities deemed necessary for the collection of all unpaid balances. I also agree to the release of all pertinent information deemed necessary by such persons/agencies in the collection of all outstanding balances.
- ☞ I fully understand that Primavita Family Medicine, PLLC will bill my insurance for any services rendered and any fees that are not covered will be my full responsibility.

Patient Name (please print): _____	
Patient Signature: _____	Date: _____
Guardian Signature: _____	Date: _____