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 Fees (Cash Patients)[1]

First Office Call (75 minutes):

Return Office Call (45 minutes):

Phone Consultation (10 minutes):

Email Consultation (existing patients only):

Doctor's Letter (existing patients only, 15 minutes)

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 $3 each additional minute. Letters have the same guidelines as emails, except they are never free due to the length of time and preparation that is involved with writing them.***

E-mail consultations (or letters) 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.

[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.

3. Packages and Cash Plans

- Acupuncture Care Package-9 Sessions:
- Acupuncture Care Package-5 Sessions:
- ND Care Package-6 Visits:
- ND Care Package-3 Visits:
- 50-50 Year Cash Plan
- 50-50 Visit Fee (after 4 visits)

4. Appointment Time and Cancellation Policy

- If you are going to be late for your appointment, please let us know as soon as you can. You will have the remaining time that is left in your appointment slot.
- We require a 48-hour advance notice for First Office Call and a 24-hour advance notice for Return Office Call by phone during our normal business hours for cancelled or rescheduled visits to avoid the cancellation fee. An appointment cancelled less than 48 hours for First Office Call and 24 hours for Return Office Call in advance will result in a **$60** cancellation fee.
- A fee of **$135** 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.

First Office Visit: Insurance benefits need to be checked prior to your appointment by calling our billing company at 206-434-6317. If this is not completed, we have the right to cancel your appointment. This is so we are both aware of your available benefits.

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 Policies

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.

Lab results must be reviewed at an office visit with the provider who ordered the labs. Under no circumstance will we release the results prior to a consultation, as it is a medical liability.

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.

Refilling of Supplements:

- Please call ahead to confirm that your desired supplement is in stock and that we are available to help you at the time you drop by.
    - It is best to call before your supplement runs out so there is no lapse in treatment.
- Please save your bottles so you are aware of the supplement you are requesting.
- Supplements mailed upon your request incurs a minimum $8 shipping charge for one pound and under. Supplements are shipped within 2 business days from the date of request. Prepayment is required prior to fulfilling your order.

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: _____