



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.

1. Acceptable Payment Forms

Cash, Credit cards (Mastercard or Visa), Checks, Health Savings Account (HSA), Flexible Spending Account (FSA), and various insurance networks (*please check if naturopathic medicine, acupuncture, and manual therapy are covered*).

2. Naturopathic Medicine (ND), Acupuncture and Manual Therapy A La Carte Fees*

First Office Visit (105-120 minutes)

- *For new patients.*
- *Includes thorough evaluation of conditions and/or areas of concern; we will work with you and provide relevant information so you can make an informed decision about the next steps; a typed recommendation of your treatment plan including appropriate referrals.*
- *This appointment may consist of assessment/evaluation, reviewing blood/urine/salivary/food allergy results (usually a stand-alone appointment), nutritional counseling, lifestyle counseling and coaching, herbal medicine (Western and Chinese herbs), homeopathic medicine, physical exam including tongue and pulse analysis, referral to another professional (including writing prescription forms or letters), completing forms such as the school/employer physical, immunization waiver (usually a stand-alone appointment), etc.*

Return Office Visit (45-60 minutes)

- *For established patients.*
- *The practitioner/s will treat as many areas of concern as time permits, however, please understand that another appointment may be warranted depending on the number/complexities of the area/s of concern.*
- *This appointment may consist of all elements in the First Office Visit, as well as acupuncture with needles, cupping, infrared therapy, moxibustion, craniosacral therapy, visceral manipulation, lifestyle counseling, etc.*

Return Office Visit (additional 15 minutes):

****Phone/Email Consultation and/or Letters – Doctor's Letter, Letter of Medical Necessity (per 10 minutes):**

- *For established patients.*
- *Includes time to pull the chart, assess the request, gather relevant information, potentially review medical research, make recommendations and communicate this to the patient or other provider.*

Superbill copies

- ☞ *We reserve the right to make changes in our fees and/or policies without advance notice. Prices quoted for First/Return Office Visits are for time-of-service/cash patients. Insurance fees vary depending on services provided at your visit and your insurance plan. As a courtesy, our billers will check your eligibility and benefits, however, it is the patient's responsibility to know/understand eligibility and benefits before the appointment.
- ☞ ****Phone consultations** may consist of a request from a patient via phone call for treatment/supplement recommendations for a *new condition* or a consult with Dr. Shinsato via phone call.
- ☞ ****Email consultations** include an e-mail request from a patient via e-mail for treatment/supplement recommendations for a *new condition*. E-mails relating to *existing conditions* (clarification on your on-going therapy, questions related to your treatment plan, email requested by the practitioner) are typically not chargeable, unless further research needs to be performed per the request of the patient. *Please be aware that email is considered unsecured for transmission of confidential health information. If there is any question about this service, please contact our office for clarification.*
- ☞ ****If patients do not wish to pay additional fees for phone/e-mail consultations or letters, please schedule an appointment with our office.**
- ☞ *While Primavita's practitioners endeavor to efficiently treat all areas of concern within one 45-60 minute appointment, we seek patients' understanding when this is not possible because of multiple concerns, at which time another appointment will be made.*

4. Wellness Packages and Cash Plans (after First Office Visit appointment)

***Acupuncture Care Package - 9 Sessions
***Acupuncture Care Package - 5 Sessions:
***ND Care Package - 6 Visits:
***ND Care Package - 3 Visits:
***50-50 Cash Plan (1 st 4 Visits):
***50-50 Visit Fee (after 4 Visits):
Laser A La Carte (up to 3 protocols):
Laser Package - 5 Sessions (up to 3 protocols per session):
Non-coverage appointments (per 15-minute block) – only valid if appointment is paired with a covered insurance visit

- ☞ ***These packages consist of 45-60 minute Return Office Visits. An additional \$44 will be charged per 15-minute block beyond the allotted time per visit.
- ☞ ***All plans expire **1 calendar year** from the date of purchase e.g. if you paid for it on 06/01/2017, the expiration date is 06/01/2018.
- ☞ **Laser therapy appointments** may be performed as stand-alone 15-minute appointments (for all Practitioners) or as part of a ND appointment (for Dr. Shinsato only). Laser treatment is not usually covered by insurance, and is fully payable at the time of service.

5. 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 Visits and a 24-hour advance notice for Return Office Visits 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 Visit and 24 hours for Return Office Visit in advance will result in a \$75 cancellation fee.

- ☞ For appointments with **Dr. Lorina Shinsato**, a fee of **\$300** is charged for **First Office Visits** and **\$150** is charged for **Return Office Visits** 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 1.0% monthly interest on any unpaid balances.

6. 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. You can call the number on the back of your insurance card to verify this information. 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.

7. 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.

8. 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. Supplements will be held for one week before being released to be sold to other patients.
 - 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 Family Medicine, 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 for in-network Providers and Personal Injury Protection (PIP) cases, Primavita Family Medicine, PLLC will bill my insurance for any services rendered and any fees that are not covered will be my full responsibility. For out-of-network Providers, I fully understand that I am responsible for all charges at the time they are provided. Primavita Family Medicine, PLLC will provide a Superbill that I may submit to my insurance for reimbursement according to my policy.

Patient Name (*Please Print*): _____

Guardian Name, if applicable (*Please Print*): _____

Patient/Guardian (*Please Circle*) Signature: _____ Date: _____