

Naturopathic Medicine Dr. Lynn Mikel

Payment, Missed Appointments and Emergency Policies

Thank you for choosing our practice! We are committed to providing you with quality care and treatment.

For your convenience we have provided policies that explain our fees and billing practice. Please read it and please ask questions before the time of service so you are informed at time of payment. Sign in the space provided. A copy will be provided to you upon request.

Insurance. We participate in some insurance plans. At this time we are contracted with **Premera, Lifewise, Aetna, First Choice, also Labor and Industries.** Knowing your insurance benefits is your responsibility. Please contact your insurance company ahead of time to determine co-pays, deductibles, and non-covered services for you.

Non-covered services. Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by your insurer. You must pay for these services in full at the time of visit or if the claim is denied by your insurance you will receive a bill. **Nutritional supplement, Herbal medicines, homeopathic medicines, B12 injections and some physical medicine treatments are not normally covered by insurance so you will be billed for these at the time of service.**

Claims submission. We will submit your claims for the visit cost and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

Non-payment. If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated.

Non-Insurance. We accept cash, Debit Card, Visa and MasterCard. Payment is expected in full at the time of service. There is a 30 % discount for payment at the time of service: These fees are as follow:

First office visit is \$150
45 minute return office visit \$100
30 minute return office visit \$ 65.

Discounts. You may qualify for an additional 10% discount on services and products if you are a **senior citizen or claim financial hardship.** You will be asked to sign a form to qualify for this discount. Please ask if you qualify for this additional discount.

Missed appointments. Our policy is to charge \$35 missed appointments if **repeatedly** not cancelled within 24 hours.

Emergencies. If you have a medical emergency or serious medical concern, please call 911 immediately. If you have a non emergency medical concern please call the office and best attempt will be made to return your call that business day. If your call is after hours or days doctor is not in the office, Dr. Mikel will return your call the next business day. If you need attention before that time, it is your responsibility to please seek appropriate medical care.

This practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our policies and please let us know if you have any questions or concerns.

I have read and understand the policies and agree to abide by their guidelines:

Name: _____

Date: _____