

Theresa Martez, ND, LMT
Sudikshya Baskota, ND
Stacy Bowker, ND
Jennifer Read, ND, LAc



Rebekah Oldenkamp, ND
Charleen VanHorn, LAc
Theresa Free, FNP
Nitin Thapa, ND

110 Cedar Avenue, Suite 101, Snohomish, WA 98290

Phone: 360-282-4014 Fax: 360-282-4017

Acknowledgement of Receipt:

Financial Policy

The following outlines our financial policy. Please review carefully and sign/date it.

- Payment is due at time of service. The provider may arrange this differently under certain circumstances. Acceptable forms of payment include cash, check, Visa, & MasterCard. Insurance is also accepted. Payment for services are paid to the appropriate billing provider (not CAIM).
- Patients who pay out of pocket for their visit will ONLY be given a 25% discount if they pay at time of service.
- Nutritional supplements must be paid for at the time of purchase, regardless of insurance.
- Please give us 24 hours' notice if you can't make your appointment. Failure to give 24 hours advance notice for appointment cancellations may result in a fee. Patients will now be billed **\$45.00 for appointments that are cancelled with less than 24 hours' notice**. Special circumstances may waive this fee. The front desk will now remind patients of this policy when they call for appointment reminder.
- Some services, including phone and email consultations, may not be covered by health insurance. Patients will be billed **\$25.00 for emails requiring more than a 2 sentence answer**. Please give us at least 24 hours to respond appropriately. Patients will be billed **\$25.00/15 minutes for a phone consult** or phone conversation that can't be made into an office visit.
- Patients may be responsible for charges incurred by using the practitioner's pager, cell phone, or text service outside of normal business hours (Monday-Friday: 9am-6pm). This fee will be \$30 per page, cell phone call, or text. We encourage all patients to call the front desk with immediate concerns during normal business hours.
- Patients are responsible for all bank charges and fees resulting from a returned check.
- Accounts more than 60 days overdue will incur financing charges of 1% per month on any outstanding balance.

Insurance: Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We will bill your insurance as a courtesy for which we are contracted providers, as long as you provide us with your current and correct information.

I authorize my insurance benefits be paid directly to the provider. I understand that I am financially responsible for any balance. I also authorize my provider or my insurance company to release any information required to process my claims. I understand that payment is dependent on my eligibility at the time of service and ALL terms and conditions of my insurance plan. I also acknowledge that certain services may not be covered by my benefit plan, or deemed medically unnecessary, and agree to pay for any Non-Covered Service, such as phone or email consultations and outside labs. This authorization shall remain valid until revoked by me in writing.

Payment Issues: If financial problems arise, please contact our office ASAP. Installment or payment arrangements can be implemented. Balance will become due immediately if you break rules of the plan.

I have carefully read the Financial Policy. I understand and agree to the terms therein.

Signature of Patient or Responsible Party

Date

Print Patient Name

Date of Birth