

FINANCIAL POLICY

Thank you for choosing Ballard Natural Medicine. We ask all patients to read and agree to our Financial Policy. If a payment dispute occurs you will be referred back to this legally binding document, so please read this carefully. If you have any questions, please do not hesitate to ask a member of our staff.

We understand that health care and health insurance can be very expensive, and we want you to receive the benefits and services from your insurance to which you are entitled. However, your insurance is a contract between you and your insurance company. We have no control over what your specific insurance plan will cover and what they will not.

The mission of Ballard Natural Medicine is to provide excellent holistic healthcare. We offer 30-60 minute visits, well beyond the standard for most medical practices. We take time with each person in our care to really get to know you and all of your healthcare needs. Providing this level of care, while continuing to work within the insurance model, requires streamlined billing and payment procedures so that we can focus our resources on you and your health.

INSURANCE BILLING

Insurance Information: You are required to provide proof of insurance coverage (insurance card) at the time of each visit. If the insurance information you provide is out-of-date, invalid, expired, or incorrect you will be responsible for payment for any services rendered in full, which will be charged to your credit card on file.

Billing Insurance: For patients with insurance coverage in which our practitioners are a participating provider (“In-Network”), we submit your claim to insurance directly. According to your insurance plan, you are responsible for any and all co-payments, deductibles, coinsurances, and non-covered services. These amounts are determined by your medical benefits, not by Ballard Natural Medicine. If your policy has an office visit copayment, you agree to pay the copayment at the time of your visit.

I understand and agree to the above.

Understanding Your Insurance: It is your responsibility to understand your insurance benefit plan. It is your responsibility to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure, and what services are covered.

Many plans cover naturopathic medicine and acupuncture in Washington State. However, some out of state insurance plans, corporate plans, and Medicare do not cover these services. It is up to you to know what medical services your insurance plan benefits covers. If your insurance plan denies coverage of a service (benefits are denied), you are responsible for payment in full to Ballard Natural Medicine. Coverage and benefits disputes should be addressed to your insurance company, not Ballard Natural Medicine office staff or physicians.

Laboratory Services: Laboratory services (like bloodwork) and pathology services are performed by outside laboratories which are financially independent of our office. In the case of laboratory services, we will send along all of the insurance information that you give us and the lab will bill your insurance directly. However, there may be laboratory services that your insurance will not cover. Lab charges disputes should be addressed directly with the lab and/or your insurance company, not Ballard Natural Medicine office staff or physicians.

I understand and agree to the above.

NON-INSURANCE PAYMENT (Out-of-Pocket Payment):

Time of Service Payment: If you are uninsured, out of network with our providers, or do not have naturopathic and/or acupuncture benefits, payment for an office visit is to be paid at the time of the visit (Time of Service). All patients paying in full at time of service will receive a 15% discount on office visits. This discount does not extend to all services or non-service products such as supplements and lab tests. If you do not pay at the time of service then you will be charged the full amount without discount.

For an estimation of out-of-pocket cost for a visit at our clinic, please refer to our Fee Schedule in the 'For Patients' portion of our website or talk with our front desk. Due to the nature of medical billing, we cannot provide exact prices before services are rendered but are happy to provide an estimate.

Sliding scale: We believe that every individual deserves excellent medical care, regardless of income. To facilitate this we offer a sliding scale for all qualifying patients. If you are uninsured and experiencing economic hardship, please inquire about our sliding scale. Our staff will require documentation of income, etc. in order to approve a sliding scale for individual patients. This documentation must be received before the time of an appointment in order for the discount to be applied.

I understand and agree to the above.

NON-BILLABLE CHARGES:

Supplements: The cost of supplements can NOT be billed to insurance. If you have a Health Savings Account (HSA) or Flexible Spending Account (FSA) you may be able to use it to purchase supplements. It is your responsibility to know if your HSA/FSA covers supplement purchases and if so, you can either use your HSA/FSA card for purchases or submit your receipts for reimbursement.

Supplements may be returned, unopened, within 30 days of purchase for a credit on your account. Probiotics and tinctures are not eligible for return.

Returned Checks: We charge \$35 for returned checks to cover banking costs. Patients who incur NSF/returned check charges will be required to make future payments by cash, credit card or cashier's checks.

After Hours Paging: For urgent medical concerns outside of office hours that cannot wait until the next business day, you may contact the doctor on call. These calls are generally to help you decide whether care is needed right away or you can wait until the next available visit to come to the clinic. Please be thoughtful with your calls and do not page for non-urgent issues such as medication refills, lab orders, or to schedule a visit. There is a \$75 fee for after-hours pages. This service is not covered by health insurance plans.

I understand and agree to the above.

Late Cancellations and No Show Fee Policy: We require **one full business day** notice to cancel or reschedule your appointment. For appointments on Mondays, this means you must give notice on Friday. Our office is closed on Saturday and Sunday and will not receive any messages sent over the weekend until Monday morning. **Patients that miss an appointment, arrive 15 or more minutes late to an appointment, or do not give one business day notice to cancel their appointment will be assessed a late cancel/no show charge.** These charges vary by appointment type and length, please refer to the list below. This fee is auto-charged to your credit card on file, as insurance companies do not pay for missed appointments.

Late Cancellation/No Show Fee Schedule:

New Patient Visit = \$250.00

60 Minute Return Office Visit = \$200.00

45 Minute Return Office Visit = \$150.00

30 Minute Return Office Visit = \$100.00

Vaccination/Injection/Blood Draw = \$50.00

Acupuncture New Patient Visit = \$140.00

Acupuncture Return Office Visit = \$100.00

I understand and agree to the above.

BILLING POLICIES

Balance Statements: Patient balance statements are sent out every two weeks through the ChARM patient portal. You may pay your balance within the portal, in the office, or by a mailed check. If we do not receive payment within two weeks, we will charge your credit card on file for your full balance. If there is a problem with your bill or you need to establish a payment plan, you must contact us within that two week time frame. Refunds will be given when appropriate.

I understand and agree to the above.

Patient Portal: In the past, we have mailed billing statements which generates a lot of waste. In order to move to all online paper-free billing, all patients are required to sign up for a ChARM patient portal account. You will receive all balance statements via the portal, no paper statements will be mailed. The portal is also where you will access important chart information including lab results, upcoming appointments, medication and immunization records, scheduling, and messages from your physician. All patient records are stored in ChARM, our HIPAA compliant, secure, electronic medical records (EMR) system. Choosing not to use the patient portal does not keep your health information from being stored in our online EMR, it only prevents you from having full access to your health information. If you do not already have access to your ChARM patient portal, please contact the Front Desk to have your email invitation resent.

I understand and agree to the above.

Saved Payment Information: We require that all patients keep a credit card on file with our clinic. The credit card information will be stored using the latest end-to-end encryption security software from our vendor Bluefin. Our office is “PCI-compliant”, which means that we place a high priority on the security of cardholder data. No member of our staff will be able to view your card information once it has been stored in our secure payment gateway. This card will be charged automatically for time of service visits, late cancellation fees, visit copays, and after hours pager fees. After we have billed your insurance, you will receive a billing statement from us for the remaining balance. If this statement has not been paid within 2 weeks, the balance will be charged to your card on file. You can pay your bill with your HSA or FSA card for copays and balances through the portal, but you must have a separate credit card on file for late cancellation fees, which are not covered by insurance plans. You may contact our office at any time to update your stored card information.

I understand and agree to the above.

By signing below, I agree to all of Ballard Natural Medicine’s (BNM) Financial Policy, and I authorize BNM to keep my signature and a valid credit card number securely on file in my account. I authorize and request BNM to automatically charge my credit card for any outstanding balances. These may include insurance denials for ANY reason (including no referral on file), late cancellation fees, visit copays, deductibles, co-insurances, partially paid claims, after hours fees, as well as other outstanding balances that may arise.

This authorization will remain in effect until I cancel this authorization. To cancel, I understand I must give a 30 day notification to Ballard Natural Medicine in writing and the account must be in good standing.

Patient Name (print)

Parent or Guardian Name, if applicable (print)

Date

Patient, Parent, or Guardian Signature