

THE EVERGREEN CLINIC

INTEGRATIVE PSYCHIATRY AND WELLNESS MEDICINE

13128 TOTEM LAKE BOULEVARD NE SUITE 206 KIRKLAND WASHINGTON 98034

PAYMENT OF FEES

Welcome to The Evergreen Clinic. Please review the following policies at the start of treatment.

INSURANCE COPAYMENT OR FULL PAYMENT (IF PRIVATE PAY) IS DUE AT THE TIME OF SERVICE, with cash, check, VISA or MASTERCARD. If your copay is not received the day of service, there will be a late fee assessment. **PLEASE INITIAL:** _____.

If you plan to make an insurance claim, we will bill your insurance company as a courtesy. However it is important that you understand that **we are not responsible for collection** of your insurance payment, and that in the event that your insurance company declines to pay your claim, you are ultimately responsible for payment of your account, in full. *If your insurance company requires pre-certification or pre-authorization for your treatment, it is your responsibility to make sure that such authorization is in place.* **PLEASE INITIAL:** _____. We urge you to familiarize yourself with your insurance benefits and limits.

I hereby assign all insurance benefits to The Evergreen Clinic. **PLEASE INITIAL:** _____

If your insurance does not pay within 30 days of being billed, a statement will be sent to you and we may ask your assistance in getting your benefits paid. We assess 1% per month on accounts past due. **PLEASE INITIAL:** _____ .

If your balance is past due, **services utilized will be charged to your credit card.** **PLEASE INITIAL:** _____ .

It is important to be on time for your visit because your appointment cannot be extended beyond the scheduled time. Your appointment is held exclusively for you. If you are unable to keep your appointment, please give us at least 1 business day notice. DO NOT leave a message on your provider's voice mail regarding appointments. Leave all messages with the receptionist by pressing "0". IF YOU ARE UNABLE TO GIVE US ONE BUSINESS DAY NOTICE, WE WILL CHARGE YOU FOR THE TIME. PLEASE UNDERSTAND THIS IS NOT A PENALTY, BUT THE ONLY WAY WE CAN CONTINUE TO SEE PATIENTS IS IF OUR TIME IS COMPENSATED. If you feel it is necessary to cancel an appointment without the required notice, you may use the SAME time to have a telephone visit, BUT you will still be billed for the visit since no insurance plan pays for a phone visit.

Should any aspect of our payment policy present a special problem for you, we invite you to discuss it with our office manager. Please discuss payment arrangements with one of our billing specialists when you anticipate a problem rather than after your account is past due.

We are grateful for the opportunity to be of help to you. Your prompt and responsible attention to your account will make it possible for others to receive help in the future.

I HAVE READ AND UNDERSTAND THESE TERMS OF PAYMENT FOR SERVICE.

SIGNATURE: _____ DATE: _____

PLEASE LET US KNOW IF THERE IS SOMEONE YOU WANT TO AUTHORIZE TO CALL US REGARDING MAKING/BREAKING APPOINTMENTS OR BILLING ISSUES.

DESIGNEE: _____