

THE EVERGREEN CLINIC

INTEGRATIVE PSYCHIATRY AND WELLNESS MEDICINE

13128 TOTEM LAKE BOULEVARD NE SUITE 206 KIRKLAND WASHINGTON 98034

POLICIES AND EXPECTATIONS OF THE EVERGREEN CLINIC

1. Our hourly rate for private pay (non-insurance) work for physicians is \$300.00, for ARNPs \$200, and for Master's level clinicians \$150. Rates for ongoing office treatment are on a separate scale. Payment and scheduling for legal work must be arranged through the clinic administrator.
2. Visits initially are scheduled frequently, often weekly or more, depending on severity and complexity. After improvement and stabilization, visits are scheduled no less frequently than every three months for adequate monitoring.
3. Please ensure that you have enough medication to last until your next appointment. Any refills done outside an office visit will be charged a fee of \$25. Prescriptions will be authorized only during weekday office hours, when charts are available for review.
4. Emergency phone calls will be returned as soon as possible. Examples of emergencies would be adverse drug reaction or crisis that might require hospitalization.
5. Routine phone calls not for an emergency will be billed in 10 minute increments at our private pay rate. If you have a routine question, please make an appointment for an office visit. Phone calls are not covered by insurance.
6. To protect your privacy, calls from family or friends will not be returned unless there is release of information signed by you authorizing us to talk with them. It is more useful for them to come with you for an appointment if they have questions or concerns. If returned, these calls will be billed at our hourly rate unless for an emergency.
7. You will be charged for missed appointments. Questions concerning billing and charges should be addressed to the billing office.
8. If you wish to transfer care to another clinician in The Evergreen Clinic, that can be arranged only after discussion with your current clinician.

I HAVE READ AND UNDERSTOOD THE ABOVE

SIGNATURE: _____ DATE: _____

PRINT NAME: _____