



General Insurance & Financial Policy

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Financial Policy ~ We HIGHLY recommend you review all of the information contained herein.

1. Patients are responsible for payment of all charges incurred regardless of whether insurance pays or not.
2. If your insurance card lists a co-pay amount, your co-pay is due at the time of service. (If our biller can verify that services are not subject to a co-pay we will credit your account.) Missed co-pays: \$10 charge.
3. Most supports, supplements and supplies cannot be billed to insurance and must be paid for at the time of service.
4. Overdue accounts past ninety (90) days may be assigned to a collection agency of our choice.
5. Interest of 1.0% per month may accrue on all past due accounts.
6. There is a \$20.00 charge for any returned check.
7. Fee for no show or late cancellation with less than 24 hours notice: Yearly Physical or New Patient: \$150 All others: \$50
24-hour notice is defined as 24 business hours prior to your appointment. (Weekends and holidays do not count as business hours.)

Insurance Policy

1. Our office does not verify insurance benefits for patients. It is the patient's responsibility to know their benefits.
2. Patients are responsible for providing a correct address, phone number and a copy of their insurance card at each visit. You will receive a statement each month for any service billed to your insurance which has not been paid after 90 days from the date of service. Insurance is a contract between the patient and their carrier; your involvement would be expected on any unpaid claim(s) older than 90 days. We cannot accept responsibility for collecting on insurance claims or negotiating a disputed claim.
3. **Preventive Care (Annual Physical/Wellness) Exam Disclosure:** Yearly physicals are defined by the American Medical Association as prevention focused, not problem focused. As a general rule of thumb, preventive care does not include any service or benefit intended to treat an illness, injury or medical condition. Preventive services are generally for health maintenance and screening; the detection of disease in the absence of symptoms. Therefore, if during the course of your visit additional concerns or conditions are discussed that require a diagnosis and/or other treatment, you may incur additional office and/or lab charges. These charges as well as the charges from your preventive care exam will be billed to your insurance company. If your insurance does not cover some or all of these additional charges you will be billed directly for the balance they indicate as "Patient Responsibility".
4. Our provider can never know how your claim will be processed until the payment is received from your insurance company, therefore all services rendered will be billed using the appropriate code(s) per insurance requirements and national billing guidelines. We will not re-code (change a procedure or diagnosis code) and re-bill any service(s) unless a gross coding error has been made on our part.

Supplemental Information

1. Our providers render multiple types of services including: naturopathic care (ND) and acupuncture services (LAC).
2. Our providers do not know how your claim will be processed until payment is received from your insurance company, therefore all services rendered will be billed using the appropriate code(s) per insurance requirements and national billing guidelines. If you have questions or concerns about how your treatment will be billed, they must be addressed either before or during your visit.
3. **ATTENTION Regence patients**...acupuncture services may require pre-authorization through a third party company called Care Core International. Unfortunately, due to the way their system was set-up, we are not able to submit the request until after you have been seen by the doctor. If the request for pre-authorization is denied, you will be financially liable for your visit. A copy of the denial will be made available to you upon request.

Patient Name

Patient Signature

Date