Gorge Family
NATUROPATH

FINANCIAL POLICY

In the interest of good healthcare practice, it is desirable to establish a Financial Policy to avoid misunderstandings. Shawna Hasel ND's primary responsibility is to help patients achieve good health and she wishes to spend her time and energy towards that end.

I am committed to providing you with the best possible care. My fees reflect professional commitment to excellence. If you have insurance, we will bill your insurance and happily help you receive your maximal allowable benefits. In order to achieve these goals, we need your assistance and for you to understand your insurance policy.

However, it is important that you realize:

*****Your insurance benefit is a contract between you, your employer (if applicable) and the insurance company. Gorge Family Naturopath is not a party to that contract. This office files your insurance claim as a courtesy to you. We will bill your **Primary** medical insurance plan **as long as it is provided at the time the service was rendered. If you do not bring your insurance card, with you at the time of your appointment, all charges incurred on that date are your responsibility.**

*****If your insurance plan required you to have prior authorization or a referral from a Primary Care Physician (PCP) **it is your responsibility to obtain this prior to your appointment. If this office does not receive this before your appointment, it will be your responsibility to pay for services rendered on that date.**

*****My Naturopathic fees generally, but not necessarily, fall within the usual and customary fee structure determined by your insurance company.

***You (Not the Insurance Company) are responsible for all fees for the service rendered to you.**

*****Not all services are a covered benefits in all contracts. Please complete the **Insurance Verification Form**, so you are aware of what will be covered.

*****For convenience Gorge Family Naturopath offers the following methods of payment:

***Payment in full by cash, bank card or check the day of service is rendered. A Cash Pay rate will be applied, reducing the cost of service if you do not have insurance, or if I am not contracted with your insurance.**

*****For insurance patients, we will accept up front Co-Pay and Deductible payments, not subject to the Cash Pay rate. Upon receiving payment from the insurance, you will receive an invoice bill if there is any remaining balance owed. An additional charge of $3.95 will incur at 30 days intervals, when each monthly invoice statement is generated. After 90 days of non-payment of that invoice statement, a final courtesy call will be provided requesting payment. All accounts not paid immediately will be subject to an additional collection fee of $25.00 and sent to Gorge Recovery Service.

I have read this Financial Policy and understand that regardless of any insurance coverage I may have, I am responsible for payment on my account. I hereby authorize Gorge Family Naturopath to release information necessary to secure payment. This will ensure that responsible patients will not be penalized to cover costs incurred by those who do not pay on time.

_____ ____/____/____ Date _____/_____/_____

Signature of Patient/Responsible Party DOB

Print Patient Name: _____