

Arthritis Northwest PLLC Financial Policy

It is your responsibility to provide us with current insurance information and to bring your insurance card to each visit. We submit all claims to your primary and/or secondary insurance carriers. If you have any questions or concerns about how your insurance company processed your claim, please contact them directly.

Most insurance companies require that patients have a referral/authorization from their Primary Care Physician in order to see a specialist. If you are unsure of your insurance requirements, please refer to your insurance policy booklet or contact your benefits department. If a referral/authorization is not in place for each visit, we cannot guarantee that your insurance company will reimburse for the treatment you receive. You will be asked to sign a waiver at each visit if we do not have a referral/authorization on file at that time or you will be unable to be seen for that appointment. To avoid any unexpected denials, we need to work together to be sure you are covered every time.

In the event that you choose to pay out of pocket (self-pay) for your appointment, a \$200 deposit is due at the time of the appointment for a new patient and \$50 is due at the time of the appointment for an established patient. The remaining cost of the appointment will be billed to you. If you prefer to pay in full at the time services are rendered you will receive a 5% discount.

If you are self-pay and receiving Naturopath services, a \$200 deposit is due at the time of the appointment for a new patient and \$50 is due at the time of the appointment for an established patient. The remaining cost of the appointment will be billed to you. The typical charge for our Naturopath is \$268 for a new self-pay patient and \$153 for an established self-pay patient.

Payment plans may be set up for automatic withdrawal via our payment system and to be paid in full by the end of the current year. If a payment plan is being set up at year end, balance must be paid by December of the following year. Failure to comply with the payment arrangement may result in being sent to collections and discharge from Arthritis Northwest. Financial assistance is available for qualified patients. Questions about financial arrangements should be directed to the billing department at 509-624-1859.

*I will pay all co-payments as stated in my insurance policy **at the time of each visit**. My payment will not be contingent upon any insurance claim (including automobile, L&I, or legal cases in litigation). Arthritis Northwest will apply a \$25.00 charge to my account for any check returned to them for non-sufficient funds (NSF). A finance charge of 1% per month may be applied to my account for any unpaid balance over 90 days. Failure to give at least 24 hours' notice of cancellation during normal business hours for any scheduled appointment will be considered a same-day cancellation and will be subject to a missed appointment fee, which is a **minimum** of \$50.00.*

I have read and understand the above information. I understand and accept that I am financially responsible to Arthritis Northwest for ALL charges incurred on my (my dependent's) account. I authorize payment of my insurance benefits directly to Arthritis Northwest PLLC and the release of any pertinent information required to process my insurance claim.

Patient Signature: _____ Date: _____

Print name: _____ Relationship to patient: _____

ANW Staff Witness: _____ Date: _____