



12811 8<sup>th</sup> Ave. W., Ste. A-205, Everett, WA 98204 (425) 348-1259

# Financial Policy

**PATIENT INFORMATION FORMS:** It is our policy that patient's complete forms entirely prior to treatment. If the requested information is not completed by the patient and/or refused, then treatment will be denied.

**PATIENTS WITH NO INSURANCE:** Full payment is due at the time of service. We accept cash, check, Visa and MasterCard.

**INSURANCE:** Your insurance is a contract between you and your insurance company. As a courtesy to our patient's we will bill your insurance. However, if your insurance denies any portion of your bill you are responsible for all balances and payment is required within 45 days of your services. After you have paid your bill in full and your insurance company pays, once all accounts are zero, then you will be issued a refund. All co-pays are to be paid in full at each visit. Insurance coverage for each patient is different and it is your responsibility to check your policy for verification of benefits, provider participation and pre-authorization requirements. This should be done prior to your appointment. If the patient does not obtain prior authorization and your insurance company denies these services, then you are responsible for the cost of those visits. For secondary insurances, upon request we will provide you with a billing statement appropriate for you to submit to your insurance company.

**L&I/WORKER'S COMPENSATION:** In order to process claims for L&I/worker's compensation, you must supply our office staff with the required information. This is to include claim number, date of injury, claim representative name, employer name, carrier phone number and address. If our office cannot get verification and treatments authorized, then you will be requested to supply a copy of your medical insurance card.

**PERSONAL INJURY:** We will file PIP coverage for personal injury cases. We do not accept letters of guarantees or liens.

**APPOINTMENTS/NO SHOWS/CANCELLATIONS:** Scheduled appointments are made and require a 24 hour notification if you cannot keep your appointments. If appointments are cancelled without the proper 24-hour notification, you may then be billed \$25.00, which is due immediately. This cancellation fee is not covered by insurance.

**MINORS:** Any patient that is considered a minor must have a parent available to receive treatment.

**COLLECTION FEES:** If an account has to be sent to collections, any fees incurred during the collection process, are the patient's responsibility.

**RETURNED CHECKS:** There is a \$25.00 charge for all returned checks. If returned checks are not paid by 10 days after notification, these will be sent to the County Attorney's office for collections.

**I have read and fully understand the Financial Policy and agree to this policy.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date