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| **Office Policies**  **Email** |
| As a courtesy we provide email communication with our clinic staff and providers through our HIPAA-compliant patient portal, which allows patients to send short emails a limited number of times between visits. For non-urgent medically related questions, please limit email communication to clarifications of previously discussed issues. These should require a simple answer, such as "yes" or "no." Please allow up to 3 business days for a response. Questions or requests that are related to administration, such as appointment scheduling or billing, should be directed to our staff. For more complex and/or urgent questions or requests, please call the clinic. Our staff will determine if your communication requires scheduling an appointment. |
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| **Phone Communication** |
| We are available in the office to answer your calls from 9:00 a.m. to 5:30 p.m. - Monday thru Thursday and from 9:00 a.m. to 3:00 p.m. on Fridays. We do have an answering service after hours for scheduling and billing questions. |
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| If you need to leave a message for your provider, you may do so through the patient portal. Please allow up to 3 business days for a reply. If the issue is complex as to warrant a phone call or a lengthy email from your provider, we do bill insurance for these communications and you will be responsible for any charges applied to your deductible or copays. Please note, that many insurance providers do not allow these types of visits, and you will be billed at our non-insurance rates. |
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| **Lab Results** |
| Many of the laboratory tests our physicians order are complex and are integral to diagnosing complex conditions. Because of this, lab results will only be discussed with your doctor at office visits. Results of these complex labs will not be available until you can discuss the findings with your doctor. If you need an appointment to review these, please call our office. Any lab results that do not need interpretation will be available on the patient portal after your doctor has reviewed them. |
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| Please note that our office staff will not have access to your lab results until they are reviewed by your provider and/or are available on the portal. |
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| **Lab Billing Questions** |
| As a convenience we provide lab services in office. These samples are collected and processed for shipping to specialty labs or pickup by local labs. For this service we do charge a $25 lab processing and handling fee. This fee is NOT billable to insurance. |
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| Our Medical Assistant will provide you with instructions prior to your collection and will provide you with instructions for paying these labs at the time of collection. If you have billing questions after the lab has received your samples, please contact that lab directly. We do not have access to billing information for labs. |

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| **Rx Refills** |
| If you need a refill of your medication, you can simply phone your pharmacy to request a refill. |
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| Your doctor has authorized a number of refills to get you to your next office visit for evaluation. To safely and effectively monitor prescription medication such as antibiotics or hormones (thyroid, estrogen, progesterone, testosterone, etc.), you will need to see your doctor every 3 to 6 months. When you are getting low on your medication, and you are out of refills, please call the clinic to schedule your next appointment. Please allow up to 3 business days to process refill requests. |

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| **Supplement Refills** |
| To refill the supplements prescribed from our natural pharmacy, please call the clinic or complete the pharmacy order form on the patient portal. You can pick up your refills at the clinic, or we can mail them to you. Please give our staff 48 hours' notice to prepare your order. |
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| **Supplement Returns** |
| Unopened supplements purchased within 7 days can be returned for clinic credit only. If you have an unexpected reaction or intolerance to a particular supplement , please contact your provider to arrange a return and a credit to the card you purchased the supplement with. |
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| **Cancellations / Rescheduling /Late Arrivals** |
| We require 24 hours' notice for cancellations and rescheduling. If we do not hear from you within 24 hours of your appointment, we do have a $100 "no show" fee for new patients and a $75 fee for current patients. |
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| We do understand that there are circumstances that may prevent you from getting to your appointment on time. If you are going to arrive more than 10 minutes late for your appointment, please call to reschedule. |
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| **Fragrances** |
| To protect our patients who are sensitive to fragrances, we are a fragrance-fee clinic. Please refrain from wearing fragrances. This also includes odors of cigarette smoke or marijuana. These can trigger asthma attacks in certain patients. |

**Our Financial Policy –**

Health insurance is a contract between the patient and their insurance carrier. The insurance policy lists a package of medical benefits such as treatment services, tests, office visits and therapies. The insuance company agrees to cover the cost of certain benefits listed in your policy. These are your covered services.

Your policy also lists the kinds of services that are not covered by your insurance company. These are your exclusions. You must pay for any uncovered medical care that you receive. Keep in mind that a medical necessity is not the same as a medical benefit. A medical necessity is something that your doctor has decided is necessary. A medical benefit is something that your insurance plan has agreed to cover. In some cases, your doctor might decide that you need medical care that is not covered by your insurance policy. Insurance companies determine what tests, therapies and services they will cover. Your insurance company’s choices may mean that the test, therapy or service you need isn’t covered by your policy.

By understanding your insurance coverage, you can help our providers recommend care that is covered in your plan. We will try to be familiar with your insurance coverage so we can provide you with covered care. However, there are so many different insurance plans that it’s not possible for our providers to know the specific details of each plan.

* Take the time to read your insurance policy. It’s better to know what your insurance company will pay for before you receive a service, get tested or fill a prescription. Some kinds of care may have to be approved by your insurance company before your doctor can provide them.
* If you still have questions about your coverage, call your insurance company and ask a representative to explain it.
* Your insurance company, not our providers, makes decisions about what will be paid and what will not.
* Our providers, not your insurance company, makes medical decisions and recommendations about what will benefit your health.

Some services, tests or therapies recommended by your provider may not be covered by your insurance policy. When you have a test or treatment that isn’t covered, your insurance company won’t pay the bill. You can still obtain the treatment your doctor recommended, but you will have to pay for it yourself. Claims may not be resubmitted with different diagnosis or dates.

As a courtesy we will submit your claims directly to any contracted insurance provider, provided the information we have obtained from you is accurate and complete, however the patient assumes responsibility for all unpaid balances, co-payments, and deductibles due, as well as any non-covered service by the insurance company, including cost of collection. It is the patient’s responsibility to provide the most current insurance information to our office at the time services are rendered. A rebilling charge of $10.00 will be added if claims need to be resubmitted to the correct provider.

It is your responsibility to know the limits and exclusions to your insurance coverage.

**PAYMENT**: If your insurance information has not been provided prior to your visit, we charge cost of the full visit at the time of the visit. We accept cash, checks, Visa, Mastercard and Discover.

**HIPAA Privacy and Release of Information Authorization**

NW Naturopathic Medicine and its affiliates, its employees and agents, may use and disclose protected health information (e.g., information relating to the diagnosis, treatment, claims payment, and health care services provided or to be provided to me and which identifies my name, address, social security number, Member ID number) for the purpose of helping me to resolve claims and health benefit coverage issues.

I understand that any personal health information or other information released to the person or organization identified above may be subject to re-disclosure by such person/organization and may no longer be protected by applicable federal and state privacy laws.

I understand that I have a right to revoke this authorization by providing written notice to. However, this authorization may not be revoked if, it’s employees or agents have taken action on this authorization prior to receiving my written notice. I also understand that I have a right to have a copy of this authorization.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for benefits or enrollment or payment for or coverage of services.

I have been advised of this practice’s Privacy Practices, Release of Billing Information policy, Assignment of Benefits policy, and grant the practice Medication History Authority.

By signing this form, I represent that I am the legal representative of the Member identified above and will provide written proof (e.g., Power of Attorney, living will, guardianship papers, etc.) that I am legally authorized to act on the Member’s behalf with respect to this authorization form.

**ACKNOWLEDGEMENT AND AUTHORIZATION:**

**I have read and understand the HIPAA/Privacy Policy for Northwest Naturopathic Medicine  
  
Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have read and understand the Financial Policy for Northwest Naturopathic Medicine  
  
Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have read and understand the Office Policies for Northwest Naturopathic Medicine  
  
Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby assign my insurance benefits to be paid directly to the healthcare provider  
  
Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I authorize Northwest Naturopathic Medicine to release medical information required to process my claim   
  
Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I authorize Northwest Naturopathic Medicine to obtain/have access to my medication history   
  
Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I authorize my provider’s office to contact me by mobile phone   
  
Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**