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FINANCIAL POLICY

Thank you for choosing one of the healthcare providers at Skagit Family Health Clinic (SFHC). We will do our best to provide you with the highest quality medical services. We feel that it is very important that our patients have a clear understanding of our expectations regarding billing and payment. Please read and sign the following Financial Policy prior to your visit, and please ask if you have questions.

CONTRACTED INSURANCE PLANS

SFHC's healthcare providers are contracted with most healthcare insurance plans. SFHC will bill them directly, if services at SFHC are not covered by your healthcare insurance, you are responsible for any balance left after payment and/or denial.

SECONDARY INSURANCE PLANS

If you have secondary insurance, we will courtesy bill the secondary insurance one time only. It will be your responsibility to pay if the secondary insurance denies payment for any reason. We will not bill secondary insurance if the healthcare provider is not contracted with your primary insurance provider (e.g. Medicare). We do not bill tertiary insurance. ***Failure to disclose any or all current insurance coverage will result in you being billed for any charges incurred. SFHC will not sort out any coordination of insurance benefits issues.***

CO-PAYMENTS AND DEDUCTIONS

If your policy has an office visit co-payment, you must agree to pay the co-payment at the time of your visit. Failure to do so will result in an additional \$15.00 fee. **Patients are responsible to know the terms of their insurance and whether services are covered.**

PATIENTS WITHOUT INSURANCE

We will require a minimum payment of \$50 prior to seeing the provider. The balance is due upon checkout. Just like banks who extend you credit, we require your social security number. If you refuse to provide this form of identification, we will require full payment at the time of service. ***We do offer a discount if full payment is made at the time of service.***

ALTERNATIVE BENEFITS

Naturopathy can be considered an alternative therapy that may or may not be covered by your insurance. It is your responsibility to verify before your scheduled appointment that naturopathic doctors are a covered provider type under your specific insurance policy. Even though our providers may be contracted with your insurance, there are provider specialties and services that can be excluded on insurance plans.

ADDITIONAL CHARGES AND FEES

For any check that is returned for non-sufficient funds, SFHC will charge an additional \$30.00 to your account and we will not accept your personal checks in the future. You will be asked to remit the amount of the check plus the service charge in cash or with a credit card payment within 10 days. If your account has not cleared by then, we will refer it for collection action.

All monthly statement balances are due within 30 days of the statement date. Any balances over 30 days will be assessed 1% interest per month.

Patients that "no show" or do not cancel 24 hours prior to their appointment time may be assessed an appointment charge of \$25. This charge is your responsibility.

When a child of divorced parents is seen, we will expect payment from whichever parent accompanies that child. We will not bill ex-spouses or the other parent.

I have read and fully understand SFHC's Financial Policy. I hereby authorize SFHC to release all information necessary to secure the payment of insurance benefits, and I authorize the use of this signature on all my insurance submissions.

Signature of Patient/Guardian

Printed Name of Patient

Date