

Wellness Personalized Fees and Terms of Service:

We plan for your experience to be an excellent one and wish to fully inform you of our payment policies.

PAYMENT

- We accept payment by cash, check, or MasterCard / Visa / debit card.
- Checks denied for lack of funds will incur a fee of \$35.00.
- All balances must be paid within 30 days of the invoice date. Balances over 30-days past due will be charged to your card on file. If that charge is denied, you will be invoiced at the end of the month.
- A minimum billing fee of \$10.00 or 2%, whichever is greater, will be added to any unpaid balance that is over 30 days past invoice.
- We reserve the right to make changes to our fees and/or policies without advance notice.

INSURANCE

All charges incurred at our office are your responsibility, regardless of insurance coverage. You are responsible for knowing the terms of your insurance coverage.

- Dr. Browning's practice requires full payment at time of service. If you have out-of-network insurance coverage for naturopathic care and you wish to submit a bill to your insurance company to request reimbursement for services, please ask for a **superbill** at each visit.
- **Non-covered services** – Charges are based on time billed. There are a number of services or activities you may request or require which are not usually covered by your insurance plan. These services include emails, reports, forms, letters and extended phone conversations with an attorney, employer, insurance staff or non health care entity. These services require your private payment and will not be submitted to your insurance. Some forms may require special evaluations prior to completion e.g. disability form which ask for physical, cognitive or psychological evaluations. These evaluations usually require payment at time of service. We will confirm your need for payment before completing these services.

COMMUNICATION

- **Off hours** – An off-hours number is available for contacting Dr. Browning when she is not in-office. Phone calls are generally expected to last no longer than 15 minutes. Longer consultations will need to be scheduled as regular appointments. Dr. Browning can be contacted at (206) 486-4292.
- **Texting** – Text messages are not received or reviewed by Dr. Browning. Text messages directly to your provider are never accepted as a form of communication, regarding either your own or another's healthcare. Such messages are not HIPAA compliant.
- **EMAIL** – **Email correspondence will not be accepted for urgent medical needs.** Short emails clarifying follow-up on treatment plans or *as requested by your provider* are free of charge. Emails are reviewed and responded to in the order in which they were received. It may take **up to 1 week** for your doctor to be able to respond. Email is not the best way for your provider to assess any new health symptoms or concerns. Please call to make an appointment. Lengthy Email consults, as appropriate, are available for a fee. They are usually not billable to insurance, though your plan may have coverage.

CLINIC POLICIES CANCELLATION

- Dr. Browning requires 24 hours cancellation notice for established patients and 48 hours for new patient appointments.
- Appointments cancelled with less than 24 hours notice or those missed entirely will be charged the appropriate fee. This applies regardless of whether or when you received an email reminder, which we provide as a courtesy only.

Late Arrivals

If you arrive late for your appointment, your provider will end the visit at the scheduled time. You will be billed for the portion of the visit you missed based on the length of your appointment.

Purchase & Return of Dispensary Items/ Products

All pharmacy items must be paid for at the time of purchase. Credit on account will be given for unopened items in perfect condition if returned within 30 days. No credit will be given for items returned after 30 days. **Refunds cannot be made.** Medical supplies, products packaged in the clinic, refrigerated products, homeopathic remedies cannot be returned.

Mailing of Dispensary Items

We will mail requested refill items after payment is received, including a minimum handling-fee of \$5.00 plus postage. Unfortunately, we cannot be responsible for your reception of these items. We cannot re-send or refund if the shipment fails to reach you.

I agree to make payment according to the policies of Wellness Personified. I understand that payment is due according to the terms of provider's practice. By receiving products and services from Wellness Personified, I am agreeing to pay for those products and services regardless of insurance coverage.

Patient Name (Please Print) Patient / Representative / Guardian Signature Date

CREDIT CARD INFORMATION

Cardholder Name: Date:

Card Number: Exp: / CCV:

Billing Address:

I authorize Wellness Personified to charge the portion of my bill that is my financial responsibility to this credit or debit card.

Cardholder Signature:

This information is stored securely on your chart and will only be used in the event of unpaid balances over 30-days past due, per the terms of our payment policy. Patients with no card on file will be billed monthly; over-due balances will incur a late fee.

I decline to keep a card on file