

LIFESPAN



NATUROPATHIC MEDICINE

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Acknowledgement of Payment Policy

Welcome to Lifespan Naturopathic Medicine! We look forward to providing for your health care needs. We encourage your questions and participation in all aspects of your care. Please read and initial the following statements:

- Payment for all services and medicinal items is due at the time of the visit. Although cash or checks are ALWAYS preferred, Lifespan Naturopathic Medicine can also accept payment via any major credit or debit card and via Health Savings Account (HSA) cards. Returned checks will be subject to a \$35.00 NSF fee.
- I acknowledge that I have received and reviewed the "Fee Schedule" for Lifespan Naturopathic Medicine in a separate document.
- Dr. Angela Ross is presently credentialed as an in-network primary care provider with the following insurance carriers: Premera Blue Cross, Regence Blue Shield, LifeWise, BridgeSpan, First Choice Health Networks (and many carriers affiliated with any of these, excluding Medicare plans). If I am a member of one of these plans, I agree to research my coverage PRIOR to my appointment so that I understand any limitations on my naturopathic medical coverage. I acknowledge that it is my responsibility to understand my insurance coverage and not the responsibility of Lifespan Naturopathic Medicine. If I am not a member of one of these plans, I agree that I will request the appropriate forms from Lifespan Naturopathic Medicine at or before my visit to be able to submit my own claim for reimbursement, should my plan include coverage for out of network naturopathic care.
- I acknowledge that I will be charged a fee of \$50.00 for missed appointments or late cancellations (less than 24 hours notice).
- I acknowledge that I will be billed for phone or e-mail correspondence based on time spent, except that correspondence regarding questions about prescribed treatments and conditions already being treated that require less than 10 minutes of attention.
- I agree to be billed based on complexity – the same as a regular office visit – for any health issue that I request be addressed by telephone or Skype. I understand that phone and Skype visits will NOT be covered by insurance reimbursements, so I agree to be responsible for full payment.
- I acknowledge that all pharmacy items must be paid for at the time of purchase. Refunds or exchanges will be given on unopened items in re-sellable condition, if returned within 15 days. No refunds or exchanges will be given on opened items or if more than 15 days have passed since the date of purchase.

I understand that my health care provider may recommend nutritional or herbal supplements, and I know that these may be purchased at Lifespan Naturopathic Medicine or elsewhere. I understand that my insurance company will not reimburse me for the cost of nutritional and herbal supplements, even if they were recommended by my doctor. I further understand that certain lab tests may not be covered by my insurance carrier, and I realize that my provider will do her/his best to notify me in advance when this is the case. I recognize that injection and IV services and supplies are NOT covered by insurance companies, but that usual and customary Evaluation and Management or other medically necessary services may be billable to insurance. I acknowledge that I will be required to pay in full for all IV/injection services, supplies, medicinal items, and other services not billable to insurance at the time of purchase/service.

I have read and understand the above-stated policies of Lifespan Naturopathic Medicine and, by signing below, I indicate my agreement to comply with them in all respects. If my insurance company requires release of my medical records in order to provide payment to Lifespan Naturopathic Medicine, I hereby give my permission by signing this form.

Patient Printed Name

Patient/Guardian Signature

Date