

206.257.5817 PH 206.257.5819 FAX 105 NE 56th Street Seattle, Washington 98105 www.tilianaturalhealth.com

### **Tilia Natural Health Policies and Fees**

We plan for your experience at Tilia Natural Health to be an excellent one and wish to fully inform you of our fees and 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.
- Payment plans are available upon request, though balances over \$500 will continue to incur interest.

We reserve the right to make changes to our fees and/or policies without advance notice.

# Initials

#### 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.

- <u>Dr. Eastman's</u> 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 request reimbursement for services, please ask for a **superbill** at each visit.
- <u>Dr. Wells</u> is an in-network provider for Regence, Premera, First Choice Network, and FedMed. She is happy to see patients as an out-of-network provider. She provides courtesy billing for patients with out-of-network insurance; payment for the first appointment is taken at the time of service.
- PIP and L&I Accident Claims: In the event that your PIP coverage does not fully cover service
  received at Tilia Natural Health, you are responsible for payment. PIP coverage generally does not cover
  medications. These must be paid for at the time of purchase. Tilia Natural Health does not work with L&I claims.
- Non-covered services Charges are based on time billed at \$250/hour 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.

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### COMMUNICATION

- Off hours An off-hours number is available for contacting each doctor when they are not in-office. If your provider plans to be unavailable, the office voicemail will alert you to who should be contacted instead. There is a \$75 fee for this service. Phone calls are generally not billable to insurance.
- **Texting** Text messages are not received or reviewed on the clinic phone. Text messages directly to your provider are never accepted as a form of communication, regarding either your own or another's healthcare.
- 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.
  - Email consults, as appropriate, are available for a fee of \$250 per hour. They are usually not billable to insurance, though your plan may have coverage.
- **Phone Consults** Phone consults are available for established clients. There is a minimum \$45 fee for this service, unless covered by your insurance as an in-network service.

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### NATUROPATHIC MEDICINE FOR THE WHOLE FAMILY

## CLINIC POLICIES CANCELLATION

• <u>Dr. Eastman</u> requires 24 hours notice for established patients and 48 hours for new patient appointments.

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<u>Dr. Wells</u> requires 48 hours notice for all patients. This notice needs to be **received during normal business hours**, for any established patients to cancel or change an appointment. 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. If you are using insurance, you will be billed for the portion of the visit you missed, as insurance will not cover the scheduled time you are not inthe office. Late fees are billed in increments of \$200/hour, based on the length of your appointment.

### **Normal Business Hours**

The voicemail message will alert you to any change in our hours and provide you with doctor contact numbers. Urgent messages left during our stated business hours for the day will be responded to within that day. If you need to speak with your doctor outside her regular hours, you may use the off-hours contact information.

### 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 (including UNDA), and birth control devices 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 Tilia Natural Health. I understand that payment is due according to the terms of provider's practice and my insurance coverage. By receiving products and services from Tilia Natural Health, 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 Tilia Natural Health, LLC 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.