

Dr. Amy Wells, ND PLLC
5470 Shilshole Ave NW #300
Seattle, WA 98107
206-632-2154

CLINIC POLICIES

Financial Policies (Revised 1/3/20)

Insurance Billing: You are required to provide proof of insurance coverage (insurance card) at the time of your visit. For patients with insurance coverage in which Dr. Wells is a participating provider, we bill insurance directly and accept their payment plus any co-payments, co-insurance, deductibles and payments for non-covered services as payment in full. If your policy has an office visit co-payment, you agree to pay the co-payment at the time of your visit. **Patients are responsible to know the terms of their insurance and whether naturopathic services are covered.** If services are not covered, patients are responsible for payment.

For patients with an insurance plan in which Dr. Wells is not contracted you will pay at the time of service and we will courtesy bill your insurance company. Please provide us with the necessary information. It will be your responsibility to follow-up with your insurance company should they deny payment for any reason. Keep in mind that you will receive statements from us until payment is received and that; ultimately your account balance is your responsibility.

Time of service discount: All patients paying in full at the time of service (TOS) will receive a 15% discount on office visit. This discount does not extend to non-service products such as supplements. If receiving a TOS discount, the visit cannot be submitted for insurance reimbursement and will not count toward your deductible.

Supplements return policy: Supplements may be returned, unopened, within 30 days of purchase for a credit on your account. Probiotics are not eligible for return.

Cancellation Policy:

- We require 48 hours notice to cancel or reschedule an appointment.
- We are closed on Saturday and Sundays. For Tuesday appointments, notice must be given on Friday.
- Appointment reminders are sent by email 5 days prior and a text is sent one day prior to your appointment.
- A fee is assessed for appointments cancelled in less than 48 hours, late arrivals 15 minutes or later, and no shows.
- Cancellation/NoShow Fee Schedule
 - New Patient Visit - \$300.00
 - 60 Minute Return Office Visit - \$250.00
 - 45 Minute Return Office Visit - \$187.50
 - 30 Minute Return Office Visit - \$125.00
 - Vaccination/Injection - \$75.00
- Late arrivals of 15 minutes or more will be required to reschedule their appointment and will be assessed a “no show” charge as listed above.
- A patient with two or more “no shows” may be discharged from the practice.
- All patients scheduling first office visits, return office appointments, vaccinations/injections and dry needling are required to provide a credit card that we securely keep on file. This will be used to automatically charge for a late cancel/no show fee.
- I authorize Dr. Amy Wells, ND, PLLC to charge my No Show or Late Cancellation fee to my credit card on-file. I understand that this charge is my financial responsibility.

Returned Checks: We charge \$35 for returned checks to cover banking costs. Patients who incur NSF/returned check charges will be required to make future payments by cash, credit card or cashier’s checks.

Multiple Households: 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 parents who live outside the area.

INITIAL THAT YOU HAVE READ AND UNDERSTAND THE FINANCIAL POLICIES ABOVE: _____

Informed Consent to Treat

I hereby authorize qualified medical personnel to perform routine and emergency medical procedures as necessary to facilitate me or my child's diagnosis and treatment. This includes the following: common diagnosis procedures, minor office procedures, use of pharmaceutical, botanical, nutritional, and homeopathic medicine, manual/physical medicine, dry needling, trigger point injections, IVs, injections and immunizations. I recognize that there are potential risks and benefits of these procedures. This authorization will be in effect until revoked in writing by me.

Notice to Pregnant Women: All female patients must alert the doctor if they know or suspect that they are pregnant as some of the therapies used could present a risk to the pregnancy.

INITIAL THAT YOU HAVE READ AND CONSENT TO THE ABOVE: _____

Health Insurance Portability and Accountability Act (HIPAA)

I understand that Dr Amy Wells, ND will use and disclose health information about the patient in compliance with the HIPAA Act. I understand I am entitled to receive a copy of the Notice of Privacy Practices as outlined by Federal Regulations. I have the right to ask that some or all of the patient's health information may not be used or disclosed in the manner described in the Notice of Privacy Practices. My signature below acknowledges I am aware of my rights in accordance to HIPAA.

INITIAL THAT YOU WERE OFFERED A NOTICE OF PRIVACY PRACTICES:_____

Release of Health Information

We keep a record of the health care services we provide you and your child. You may ask to see and copy that record (copy charges may apply). We will not disclose you or your child's record to others unless you direct us to do so.

Pager Service

For urgent medical concerns after hours that cannot wait until the next business day you may contact the doctor on call. The number of the doctor on call is updated regularly on our office answering machine (206) 632-2154. If you do not receive a return call within 15 minutes please call again. If you have a medical emergency that cannot wait 15-30 minutes, call 911. Please note that there is a \$75 fee for all pager calls. This service is not covered by health insurance plans. This service is for urgent medical needs only, please reserve calls for routine or non-urgent concerns to business hours.

Patient Portal/Communication

Patients are encouraged to sign up for a patient portal account. The portal allows you access to important chart information including lab results and medication and immunization records in addition to secure messaging with Dr. Wells. You will be sent an email invite to the email you provide. E-mail messages will only be accepted through the patient portal. Other forms of email or texting are not HIPAA compliant .If you are experiencing a new health symptom or concern, please contact the office to make an appointment. If you have an urgent medical need page the doctor or call the office..

I acknowledge that I have read and understand the information above.

_____/_____/_____
Date

Patient Name

Patient/Parent/Guardian Signature

Parent/Guardian Name