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OFFICE POLICIES, FINANCIAL POLICIES and CONSENT FOR TREATMENT

This is to familiarize you with our office policies. Your signature signifies that you have read, understood, and agreed to abide by these policies and that you have received a copy of these policies for yourself.

OFFICE POLICIES

Client Participation/Rights

Treatment will only be effective if the client is engaged and actively involved; this includes family members of children and adolescents seeking treatment. I believe in working together toward treatment goals. It is important to ask questions about treatment if you are unclear about any aspect of treatment plans or goals.

Emergencies

For after hour emergencies, please call 911 or go to the nearest emergency room. Emergent situations include serious medication reactions or risk of harm to oneself or someone else. In the event of a mental health crisis, you may also contact **Washington County Crisis Line 503-291-9111 / Multnomah County Crisis Line at 503-988-4888 / Clackamas County Crisis Line 503-655-8585**

Email/Patient Portal

As a courtesy we provide email communication with our clinic staff and providers through our HIPAA-compliant patient portal, which allows patients to send short emails a limited number of times between visits. For non-urgent medically related questions, please limit email communication to clarifications of previously discussed issues. These should require a simple answer, such as "yes" or "no." Please allow up to 3 business days for a response. **After 3 back and forth communications we do bill insurance for these communications and you will be responsible for any charges applied to your deductible or copays. Please note:** Many insurance providers do not allow these types of visits, and you will be billed at our non-insurance rates. Questions or requests that are related to administration, such as appointment scheduling or billing, should be directed to our staff. For more complex and/or urgent questions or requests, please call the clinic. Our staff will determine if your communication requires scheduling an appointment.

Phone Communication

We are available in the office to answer your calls from 9:00 a.m. to 5:00 p.m. - Monday thru Thursday and from 9:00 a.m. to 3:00 p.m. on Fridays. We do have an answering service after hours for scheduling and billing questions. If you need to leave a message for your provider, you may do so through the Patient Portal. Please allow up to 3 business days for a reply. If the issue is complex as to warrant a phone call or a lengthy email from your provider, we do bill insurance for these communications and you will be responsible for any charges applied to your deductible or copays. **Please note:** many insurance providers do not allow these types of visits, and you will be billed at our non-insurance rates.

Lab Results

Many of the laboratory tests our physicians order are complex and are integral to diagnosing complex conditions. Because of this, lab results will only be discussed with your doctor at office visits. Results of these complex labs will not be available until you can discuss the findings with your doctor. If you need an appointment to review these, please call our office. Any lab results that do not need interpretation will be available on the patient portal after your doctor has reviewed them. Please note that our office staff will not have access to your lab results until they are reviewed by your provider and/or are available on the portal.

Lab Billing Questions

As a convenience we provide lab services in office. These samples are collected and processed for shipping to specialty labs or pickup by local labs. For this service we do charge a \$25 lab processing and handling fee. This fee is NOT billable to insurance. Our Medical Assistant will provide you with instructions prior to your collection and will provide you with instructions for paying these labs at the time of collection. If you have billing questions after the lab has received your samples, **please contact that lab directly**. We do not have access to billing information for labs.

Prescription Refills

Refills of medication are usually written at the time of your appointment. If you need a refill between appointments, please contact your pharmacy, and they will fax a refill request. Refills are not considered an emergency and will be handled between 9am and 5pm, within 48 business hours.

Medication Review & New Prescriptions (outside of regular appointment)

If you would like review of your current supplements or prescriptions, please schedule a regular office visit. This can be billed to insurance. If you request review outside of a normal office visit, please note that **we charge \$75** non-billable to insurance for the provider's time.

Supplement Refills/Supplement Returns

To refill the supplements prescribed from our natural pharmacy, please call the clinic or complete the pharmacy order form on the patient portal. You can pick up your refills at the clinic, or we can mail them to you. Please give our staff 48 hours' notice to prepare your order.

Unopened supplements purchased within 7 days can be returned for clinic credit only. If you have an unexpected reaction or intolerance to a particular supplement, please contact your provider to arrange a return and a credit to the card you purchased the supplement with.

Cancellations / Rescheduling /Late Arrivals

Please **call** to cancel appointments, providing at least 48 hours' notice. If you fail to cancel your appointment **via phone** within 48 hours, you will be charged the full cost for your appointment - \$350 First Visit or \$150 for return visits. One missed appointment per year will be forgiven. We do understand that there are circumstances that may prevent you from getting to your appointment on time. If you are going to arrive more than 10 minutes late for your appointment, please call to reschedule.

Fragrances To protect our patients who are sensitive to fragrances, we are a fragrance-free clinic. Please refrain from wearing fragrances. This also includes odors of cigarette smoke or marijuana. These can trigger asthma attacks in certain patients.

FINANCIAL POLICIES

Health insurance is a contract between the patient and their insurance carrier. The insurance policy lists a package of medical benefits such as treatment services, tests, office visits and therapies. The insurance company agrees to cover the cost of certain benefits listed in your policy. These are your covered services.

Your policy also lists the kinds of services that are not covered by your insurance company. These are your exclusions. You must pay for any uncovered medical care that you receive. Keep in mind that a medical necessity is not the same as a medical benefit. A medical necessity is something that your doctor has decided is necessary. A medical benefit is something that your insurance plan has agreed to cover. In some cases, your doctor might decide that you need medical care that is not covered by your insurance policy. Insurance companies determine what tests, therapies and services they will cover. Your insurance company's choices may mean that the test, therapy or service you need is not covered by your policy.

By understanding your insurance coverage, you can help our providers recommend care that is covered in your plan. We will try to be familiar with your insurance coverage so we can provide you with covered care. However, there are so many different insurance plans that it is not possible for our providers to know the specific details of each plan.

- Take the time to read your insurance policy. It is better to know what your insurance company will pay for before you receive a service, get tested or fill a prescription. Some kinds of care may have to be approved by your insurance company before your doctor can provide them.
- If you still have questions about your coverage, call your insurance company and ask a representative to explain it.
- Your insurance company, not our providers, makes decisions about what will be paid and what will not.
- Our providers, not your insurance company, makes medical decisions and recommendations about what will benefit your health.

Some services, tests or therapies recommended by your provider may not be covered by your insurance policy. When you have a test or treatment that is not covered, your insurance company will not pay the bill. You can still obtain the treatment your doctor recommended, but you will have to pay for it yourself. Claims may not be resubmitted with different codes if they have been denied for lack of coverage.

As a courtesy we will submit your claims directly to any contracted insurance provider, provided the information we have obtained from you is accurate and complete, however the patient assumes responsibility for all unpaid balances, co-payments, and deductibles due, as well as any non-covered service by the insurance company, including cost of collection. It is the patient's responsibility to provide the most current insurance information to our office at the time services are rendered. A rebilling charge of \$10.00 will be added if claims need to be resubmitted to the correct insurance company.

It is your responsibility to know the limits and exclusions to your insurance coverage.

PAYMENT: If your insurance information has not been provided prior to your visit, we charge cost of the full visit at the time of the visit. We accept cash, checks, Visa, Mastercard and Discover.

I have read, understood, and agree to abide by these policies.

Signature_____ Date:_____