



## Financial Policy and Fees

Thank you for choosing Dr. Lori Wieser as your naturopathic physician. Please read the following financial and fee policy thoroughly prior to your visit. It is important to Dr. Wieser that you understand the billing and fee policies. If you have any questions or need clarification, please feel free to ask.

### 1. Payment policy

Payment in full is required at the time of service, unless Dr. Wieser is billing insurance. If Dr. Wieser bills your insurance company you are responsible for a **Co-Payment, Co-Insurance, and/or Deductible**. These fees will be due at the time of service. If you do not have insurance or have a plan that is not contracted with Dr. Wieser, a prompt payment discount is available on office visits when payment is received at the time of service. Dr. Wieser accepts cash, checks, debit cards, Visa, Discover, and MasterCard. There will be a 25 dollar fee for all returned checks. Init: \_\_\_\_\_

### 2. Insurance

Insurance benefits vary greatly from policy to policy and it is your responsibility to be aware of the extent and limitations of your coverage for Naturopathic care. Some of the testing that Dr. Wieser recommends may not be covered by your insurance plan. Insurance companies may refuse coverage or only pay a portion or percentage of your fees. You will be responsible for any and all fees not covered by your insurance plan.

I understand I am financially responsible for all charges and agree to pay for services. Additionally, I understand that I may be required to pay a fee at time of service, which is an **estimate** of what my responsibility may be that is given by my insurance company. I also understand that once Dr. Wieser receives the EOB from insurance company, if the amounts previously paid were more than what my insurance required, then I will have a credit on my account to be used toward future services. I understand that if I fail to provide complete and accurate billing information at the time of service I may be billed and held responsible for all charges. **I understand I must cancel an appointment at least 24 hours in advanced I may be assessed a fee as stated in the financial policy.** I authorize the doctor to release to my insurance company(ies) any and all information necessary to process my claim. I further authorize that payments be made directly to the physician.

**Most health insurance policies do not currently cover Prolotherapy.** Payment is expected at the time of the visit for the treatment. The cost will depend upon how many injections are necessary during your treatment. Health insurance companies may cover trigger point injections and therapeutic ultrasound.

Init: \_\_\_\_\_

### 3. Non-covered services

Insurance companies do not cover the following services thus it is your responsibility for these fees.

- 1.) Emergency cell/pager fees- \$25. As a primary care physician, I am available 24 hours per day for urgent health concerns that cannot wait until the next day. If I am not available, a voicemail will be left with instructions.
- 2.) Nutritional supplements- Nutritional supplements recommended by Dr. Wieser are not covered by insurance. You are not obligated to purchase them at Dr. Wieser's office. Supplements are available at the office as a convenience. If you choose to purchase supplements at Dr. Wieser's office, payment in full is due at the time of purchase.

Location 1: 411 N. 3rd St. Ste. A2 Elma, WA 98541 Phone: 360-402-4943

&

Trinity Massage and Wellness

Location 2: 3700 Martin Way E. #108 Olympia, WA 98506 Phone: 360-561-0171



# NATURAL HEALING FAMILY MEDICINE

LORI WIESER N.D.  
NATUROPATHIC PHYSICIAN

3.) Skype/Phone visits- Out of the office telecommunications are not covered by insurance. If you have not been seen in the office before and you live out of the area, you must have a primary care provider that you physically see in their office that I can be in contact with about your care.

4.) A \$30.00 dollar charge will be imposed for all returned checks

5.) Prior to the doctor filling out any special forms or the construction of doctor's notes, a fee of \$20.00 will be collected from the patient. For example: Sick Leave, Special Requests, Emotional Support Animal, Disability, Legal Forms, Time Loss, Letters for Flex Plan/HSA (Health Savings Account), Medical Marijuana Authorization, etc.

Init: \_\_\_\_\_

#### 4. Refunds and Credits

Payment for services rendered is non-refundable. Payment for pre-paid services may be returned as a credit to your patient account at Natural Healing Family Medicine. Patient account balances may be used for any service or products offered at Natural Healing Family Medicine. Any credit issued has no cash value. The only exception is for reimbursement for an insurance claim for a visit that was paid in advanced, that was in turn paid by your insurance company, not for other services.

#### 5. Cancellation and No-show Policy

**Kindly provide 24 hours notice** if you need to cancel or reschedule an appointment. Canceled or rescheduled appointments without appropriate notice will be assessed a fee as described below. Please note that insurance companies do not reimburse for missed appointments or missed appointment fees.

Missed appointment charge without 24 hours notice:

- a.) **Return Patients** - (Visits, Prolotherapy, Trigger Point Injections, Phone consults/Skype visits, Massage) - **\$50 dollar fee** for established patients.
- b.) **New Patients** - (Visits, Prolotherapy, Trigger Point injections) - **\$100 dollars** for new patient appointments.

Init: \_\_\_\_\_

#### 6. Supplement Return Policy

All supplements sales are final. We do not accept returns on supplements.

Init: \_\_\_\_\_

**7.) Paper Work Not Complete At The Time of Scheduled Visit-** If paperwork is not complete at the time of the visit, your appointment will be rescheduled and you will be charged a 50 dollar fee. If your paper work is partially finished, this will encroach on your appointment time.

Init: \_\_\_\_\_

**I acknowledge all of my questions have been answered, I have read and fully understand this financial and fee policy, and I agree to the above stated fees and charges demonstrated by my signature below and my initials above.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Responsible Party

Location 1: 411 N. 3rd St. Ste. A2 Elma, WA 98541 Phone: 360-402-4943

&

Trinity Massage and Wellness

Location 2: 3700 Martin Way E. #108 Olympia, WA 98506 Phone: 360-561-0171