

CALIFORNIA INTEGRATIVE HEALTHCARE/VALLEY NATURAL HEALTH
FINANCIAL POLICY

- Payment:** Payment is expected at time of service unless previous arrangements have been made. Any balance due (deducible, co-insurance, etc.) are to be paid prior to seeing provider. For minors (under 18 years of age) or anyone who is unable to make decisions or care for themselves, the adult who accompanies said patient to the appointment is expected to provide payment at time of service. Patients with a balance over \$300 or any balance >30 days will not be scheduled or seen by provider without making payment first. All payments are due at time of service and are non-refundable.
- Appointments:** Appointments are made on a first come first serve basis unless otherwise specified by provider. We ask that all cancellations or reschedules be done at least 24 hours in advance. Any patient that does not show for appointment, or cancels/rescheduled on the same day of appointment will be charged a \$45 fee. Any patient that arrived more than 10 minutes after scheduled appointment time will not be seen and will be charged the \$45 fee.
- Telephone Consultation:** At this time, insurance cannot be billed for this type of consultation. Therefore, it will be considered a cash visit and payment will be required prior to consultation. The fees will be \$125 for the first 20 minutes and \$60 for every subsequent 30 minutes after which will be billed to the patient. No phone consultation will be authorized for new patients.
- Video or Online Consultation:** Video and online consultations can only be billed through certain insurance companies. Medicare patient are not authorized for such consultation. New patients are also unable to do online consultation. If insurance does not pay for such visit, I understand it is the sole responsibility of the patient.
- Insurance Billing:** As a courtesy to patients, we will bill any insurance in which we are contracted with for all eligible services provided. However, for services not covered by insurance the patient is responsible for all charges.
- Forms:** There will be a \$35 charge for any forms that need to be completed. Patient will need an appointment for any forms that need to be filled out and pay the fee at time of service.
- Medical Record Request:** Medical records requested by another providers office will be sent at no fee as a courtesy. However, any requests from insurance companies, attorney's office, disability office or any other entity will have a fee of \$45 plus \$0.25 per page and will be billed to the patient's account.
- Delinquent Accounts:** Patient's accounts that are more than 30 days late will be sent to collections and responsible for all fees incurred by the collection agency or attorney. If patients are unable to make total amount billed patient may contact billing office or medical office to make payment arrangements. Patients with delinquent accounts will not be given the option to schedule and must pay balance before seeing providers.
- Supplements/Merchandise:** Patient wishing to purchase supplements or merchandise sold by the office are required to pay at time of receipt. Patients may call to place supplements on hold but must pay at time of call to hold supplements. We cannot accept any returns for any opened supplements. Unopened supplements that are approved for return will be credited to future supplement purchases. The office does not guarantee that any supplements or goods can be returned/exchanged.
- Infusion/Injections:** All patients, except for Medicare patients, receiving IV infusions will be charged the IV fee of \$25 at time of service in addition to any office copay. Insurance will be billed for any medically necessary infusion or injections services, but insurance reimbursement is not guaranteed. All charged not covered by insurance will remain the patient's responsibility.
- Returned Checks:** Due to increased returned checks we are no longer accepting check for time of service payments. Patients must pay via credit/debit card or cash. We will accept checks mailed in to pay for account balances. Any returned checks will incur a service fee of \$45. After two (2) returned checks the patient will be required to make all payments via credit/debit card or cash.

I ACKNOWLEDGE RECEIVING A COPY OF THIS FINALANCIAL POLICY AND AGREE WITH ITS TERMS.

SIGNATURE

PRINTED NAME/RELATION

DATE