



## OFFICE POLICIES AND FINANCIAL AGREEMENT

Dear New Patient,

Welcome to Prema Health. We look forward to working with you and encourage your questions and participation in all aspects of your health care.

Please read and initial the following:

### \_\_\_\_\_ *Payment*

- Payment is due at the time of service for all consultations, insurance co-pays, phone calls and medicinal products. We accept cash, checks and credit cards.
- Phone consultations: We require a credit card number on file to be billed after each phone session.
- Returned checks: A \$35.00 processing fee is applicable for each returned check.

### \_\_\_\_\_ *Insurance*

- If you have health insurance coverage for Naturopathic, Chinese Medicine/Acupuncture, Chiropractic or counseling services, Prema Health will gladly assist with insurance billing as a courtesy. We require pre-verification of coverage directly from your insurance company at the beginning of your scheduled visit. **Insurance information must be submitted prior to your first visit.** If we do not receive your insurance information by the time of your office visit, you will be required to pay for all the charges at the time of your scheduled session. In that case, we will provide you with a super bill for you to submit to your insurance for re-imbursment. If you would like to bill insurance for your office visit:
  - Please note that insurance pre-verification is not a guarantee of payment. All patients are responsible for charges whether or not they are covered by insurance.
  - Medicare does not authorize naturopathic physicians as providers. This means you are responsible for the appointment fees AND all lab fees.

### *Fees*

#### \_\_\_\_\_ *Consultations*

- If you are not billing insurance for your appointment, you are responsible for 100% of your payment at the time of service. We offer a time of a time of service discount to patients paying out of pocket.

#### \_\_\_\_\_ *Telephone Calls and E-mails*

- A telephone call or e-mail should not replace a visit, and any call or correspondence that requires new instruction, case analysis, or prescription will be subject to a consultation charge. The fee is prorated according to the consultation time described above.
- There is no charge for phone calls with practitioners under 5 minutes.
- Please note-If you anticipate needing to speak with your practitioner for more than a brief 5 minute phone call, schedule an appropriately timed phone session.

Prema Health  
2305 SE 50<sup>th</sup> Ave, Suite 200  
Portland, OR 97215  
P: 971.407.3428 f: 971.703.4735  
[www.premahealth.com](http://www.premahealth.com)

\_\_\_\_\_ ***Cancellation Policy***

• Kindly give 24 hours notice to cancel an appointment. If inadequate notice has not been provided (24 hours) you will be charged a missed appointment fee of 100% of your scheduled appointment cost.

\_\_\_\_\_ ***Late/Tardy Arrival for Appointment***

- If you arrive late for a scheduled appointment, you will be seen for the remaining time of the appointment only and will be charged 100% of the appointment fee.
- Arriving over 20 minutes late is considered a no show, resulting in a charge per the Cancellation Policy (see above) and will have to reschedule.

\_\_\_\_\_ ***Other Services/Supplements/Supplies***

- Any and all supplements, supplies, herbs, formulas, etc. prescribed by my provider and/or purchased by me at Prema Health are my full financial responsibility with payment to be made at the time of service/purchase. No open products can be returned to the clinic for refund under any circumstances. When we create a treatment plan, we consider therapies that are most appropriate to your case, and those that will help you achieve results as quickly and optimally as possible. However, if you have any financial limitations and budget concerns are restricting your ability to follow recommendations as laid out by your practitioner, please let us know. We will gladly work with you, to prioritize medications and treatment recommendations, as well as help you research more economical alternatives if needed.
- Prema Health does not bill insurance carriers, health saving plans or any other like entities for any supplements, herbs, formulas, or supplies. It is my full responsibility to submit the required information to these entities for reimbursement.
- Treatment/services such as moxa, cupping, hydrotherapy, energy work, injections, IV therapy, etc. are generally not covered by insurance carriers and are my full financial responsibility (except where specifically determined by my insurance carrier as included in the primary treatment/service being rendered and clearly stated in the insurance contract with the treating provider).
- It is my full financial responsibility to pay for any charges previously covered/paid by my insurance carrier to the Prema Health which: 1) is later deemed by my insurance carrier to not be “medically necessary”, and 2) has resulted in a partial or full refund request by my insurance carrier from the Prema Health.

I have read and understand the above-stated policies and will comply with them in all respects.

\_\_\_\_\_  
Your Signature (parent or guardian if minor)

\_\_\_\_\_  
Print your name (parent or guardian if minor & patient name)

\_\_\_\_\_  
Date

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