

Wilkinson Wellness Clinic
Financial Policy

Thank you for choosing Wilkinson Wellness Clinic for your health care needs. The following is a statement of our Financial Policy. We ask that you please read it and require that you sign it prior to any health care treatment.

ALL PATIENTS MUST COMPLETE AND RETURN OUR HISTORY FORM AND FINANCIAL POLICY FORM BEFORE SEEING THE DOCTOR.

REGARDING INSURANCE

At this time, we are only contracted with Premera Blue Cross and Regence Blue Shield. **We are NOT a Medicare or Medicaid provider.** We will be happy to bill Premera Blue Cross and Regence Blue Shield. However, all other insurances will not be billed and payment will be due at the time of service. We will be happy to provide you with an insurance statement so that you may submit it for reimbursement. You will be responsible for any balance remaining after insurance processing, including but not limited to appointments not covered by insurance, co-pays, coinsurance and deductibles. We cannot bill your insurance company unless provided with the necessary information.

Regarding Premera Blue Cross and Regence Blue Shield, we require all co-pays and deductibles to be paid on the day of your office appointment. Please notify us if there are any changes in your insurance coverage. In the event that your insurance coverage changes to a plan that we are no longer able to bill, please refer to the above paragraph.

SERVICES NOT COVERED BY INSURANCE

In both cases, please be aware that some of the services and treatments we offer may not be billable to insurance because they may not be considered to be reasonable or necessary by your insurance company.

Examples of services and/or treatments not covered by insurance are: phone appointments, supplements, specialized treatments, injections and IVs. Payments are due at time of service.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary to our area. You are responsible for payment regardless of any insurance company's determination of usual and customary rates.

MINOR PATIENTS

The parent or guardian accompanying a minor is responsible for the co-pay or full payment, if not billable to insurance, at the time of the appointment. For unaccompanied minors, non-emergency treatment will

be denied unless charges have been pre-authorized to an approved insurance company and/or credit card or payment by cash or check at the time of appointment has been verified.

SUPPLEMENTS

All charges for supplements are due in full on the day of your appointment or at the time of purchase. Our doctor researches to find the highest quality supplements available on the market. We provide this service to help you on the road to good health and to save you time in finding them on your own. However, if at any time you desire to return a supplement, you are free to do so as long as it has not been opened or damaged, it has not been more than 90 days since purchase, and the product is not expired. A refund or credit will be added to your account. Once it has been opened or has expired, we cannot accept it back or refund your money.

LAB FEES

All lab test procedures are the financial responsibility of the patient regardless of what your insurance will cover. Please be aware that a check or Visa/MasterCard information must be enclosed with all labs or tests when they are mailed.

MISSED APPOINTMENTS

Our staff provides reminder calls two (2) business days before appointments to prevent vacancies in our doctor's schedule. **Cancellations must be noted 48 business hours before your scheduled appointment** to allow our staff to fill that time. **Unless your appointment is cancelled within the proper amount of time, YOU WILL BE CHARGED 100% OF THE APPOINTMENT FEE.**

Please help us serve you better by keeping your scheduled time. We respectfully urge you to be on time for your appointments. If you are late to your appointment by 10 minutes or more, regrettably, we will have to charge you the missed appointment fee and you will not be able to see our Doctor/s that day. We are unique and specialized providers and do not schedule as other physicians and we must stay on schedule for the allotted time we have set aside for each patient. Our Doctors honor you with their time and attention and so we must ask you for the same in return in order to have a mutually respectful relationship.

Thank you for reading our Financial Policy Form. Please let us know if you have any questions or concerns.

X _____ Date _____
Signature of Responsible Party or Parent

X _____ Date _____
Signature of Co-Responsible Party