



FINANCIAL AGREEMENT

I, _____, being a patient of _____ located at the Institute of Complementary Medicine (ICM) in Seattle, WA do hereby acknowledge that my health insurance policy is an arrangement between the Health Plan and myself.

As a courtesy, ICM does verify your naturopathic coverage and co-pay responsibilities with your insurance. I understand it will be my responsibility to understand my insurance policy and its benefits before arriving to my appointment. I also understand that certain services and tests may be ordered by the doctors located at ICM which may not be covered by my insurance. I agree to be financially responsible for these services and tests.

If my treatment is involved with a work related injury and ICM is to file Workman's Compensation claims on my behalf, I authorize the doctors and staff to discuss plan treatment, care and appointment information with claims, payers and/ or case workers.

Annual exams and dual licensed providers

If medical treatment is requested during an annual physical exam, I understand that my provider is allowed to bill the insurance carrier for those services separately from the annual exam charge. I also understand that if my provider is credentialed as both an acupuncturist and naturopath and both modalities are used during the visit my provider will also bill both visits separately.

Important questions to ask yourself before your appointment:

Do I have naturopathic benefits?

If not you will be responsible for paying at the time of your visit. A 20% time of service payment discount is offered to patients paying out of pocket.

Do I have a co pay? What percentage of my visit is covered by my insurance and do I have a deductible?

Co-pays are due at the time of service. Deductible and co-insurance fees are also a patient responsibility.

How many office, acupuncture, and/or preventive visits am I allowed each year?

If coverage is denied due to overage amount of visits, the patient will be responsible for the balance.

Do I need a referral?

Please make sure referrals are in before the time of your appointment.

Date: _____ Signature: _____