

Karl Peterson DC, ND

## Narrows Natural Health Clinic

2703 Jahn Ave NW, Suite C 5, Gig Harbor, WA 98335

Phone: 253-853-7853 Fax: 253-509-0435

### Financial Policy

Thank you for choosing Naturopathic/Chiropractic health care as an aid in maintaining your health. We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. The following is a statement of our policy, which we require that you read, agree to, and sign prior to any treatment.

All supplies, vitamins and labwork are to be paid at time of purchase.

All patients without insurance coverage will be expected to pay for services, supplies and labwork each visit.

All patients with insurance are expected to pay copays and non-covered services each visit. Co-insurance charges will be billed accordingly after receipt of explanation of benefits/payments by your insurance company.

If we are your Primary Care Provider and you need a referral to see another Provider, you must obtain your referral PRIOR to your first appointment with the referred Provider. Referrals cannot be backdated.

Please note: You are responsible for knowing the terms, limitations and policies of your insurance coverage. This includes knowing if and when a referral to our clinic, or any other, is needed and which conditions are excluded from coverage. There are certain tests and treatments that are within the scope of Naturopathic practice, but are not covered by insurance when performed by a Naturopathic physician. You will be required to pay for these services up front and will be given receipts for tax purposes or submitting to insurance for possible reimbursement.

WE RESERVE THE RIGHT TO CHARGE FOR MISSED OR CANCELLED APPOINTMENTS WITHOUT 24 HOUR NOTIFICATION. Please refer to our posted Cancellation and Missed Appointment Policy. Charges for missed or cancelled appointments will NOT be billed to your insurance company. They are YOUR responsibility and will be due and payable on your next visit or upon receipt of the bill, whichever comes first.

Thank you for understanding our financial policy. Please let us know if you have any concerns or questions.

Please sign and date below.

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Signature of Responsible Party

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Date