

Statement of Financial Responsibility

Thank you for choosing Holistic Health Seattle for your medical needs. We look forward to establishing a lasting provider-patient relationship and ask that you read and sign this form in acknowledgement of our financial policy.

- You (or your guardian, if a minor) are ultimately responsible for the payment of treatment and care.
- We will bill your insurance for you. However, you are required to provide correct and updated information regarding medical insurance.
- You are responsible for payment of copays, coinsurance, deductibles and all other procedures or treatment not covered by your insurance plan.
- Copay payments are due at the time of service. Coinsurance, deductibles and non-covered items are due immediately upon receipt of billing statement.
- In the event your insurance plan determines a service to be “not payable” or “not pre-authorized”, you will be responsible for the complete payment and costs of the services provided.
- Returned checks and late payments will incur additional charges of \$30 and \$ 10/month, respectively. Overdue balances will be referred to collections and responsible parties will no longer be able to schedule appointments for continued medical care in our office.
- Many health plans including Medicare may not cover some of the services that we provide. You are responsible for checking coverage in advance and obtain necessary pre-authorization.
- Self-pay patients should be prepared to pay at the time of each visit.
- By your signature below, you hereby agree that you have read and understood the financial policy described above, and you authorize payment of medical benefits directly to Camelia Ades, ARNP (Holistic Health Seattle).

Patient Name _____ DOB _____

Patient/Guardian Name & Signature _____

Today's Date _____