



Children's Naturopathic Centre

Sarah McAllister, ND, LC



Thank you for choosing Children's Naturopathic Centre for your child's medical care. Dr. Sarah McAllister is committed to providing the best care possible and appreciates your trust. The following is a statement of our financial policy.

Insurance Billing: We are happy to bill your insurance carrier. If you do not have your card at the time of service we will request that you pay for the office visit in full and will reimburse you if the insurance card and all necessary information needed to bill the claim is provided to us *within 24hrs of the visit*.

If the patient is a Medicare/Medicaid recipient, we cannot process their claim even if patient has other insurance.

Co-pays are due at the time of service. It is your responsibility to know what your copay is. If not paid at the time of service, there will be a \$10 fee applied to your account for non-payment.

Coverage: Please understand that health insurance is an agreement between you and your insurance company. You are therefore responsible for knowing your benefits and you are ultimately responsible for timely payment of your account. Your carrier may cover some, all, or none of the services rendered to you at the Children's Naturopathic Centre. Any fees for services billed to insurance companies that are not paid are the sole responsibility of the patient's parent/guardian. ***I understand that Insurance may not cover the services I receive and I am personally responsible for payment.***

Dr. McAllister charges what she considers to be usual and customary rates for this area. Many insurance companies have arbitrarily defined lower rate schedules which they call "usual and customary". You are responsible for payment regardless of your insurance company's arbitrary determination of their own rate scale.

Out of Pocket Pay:

If you do not have insurance, or if your plan does not cover naturopathic care, you will be expected to pay for services at the time of care. We will give you a copy of your fee sheet for taxes at the end of the appointment.

As a courtesy we offer patients whose accounts are paid in full at the time of service a cash allowance rate. To obtain this rate, however, full payment must be made at the time of service. If you have an outstanding bill, the cash allowance rate will not apply, unless prior arrangements have been made with the billing coordinator (Donna: cncbilling@gmail.com).

Outstanding Balances:

If you find yourself unable to pay, arrangements can be made with the billing coordinator. We take many steps to avoid collections; however, if your account is placed with a collection agency you will be assessed a \$100.00 collection fee. This will be added to your final balance placed with the agency and you will also be responsible for all legal fees and court costs involved.

If you present a check to Children's Naturopathic Centre that is not honored by your bank, a \$20.00 non-sufficient funds charge will be added to your account per occurrence.

Divorce Situations:

In the event of a divorce situation please understand that a divorce decree is a document between you, your ex-spouse and the courts. Although a divorce decree may state that an ex-spouse is responsible for medical bills, Children's Naturopathic Centre has no authority to enforce compliance. Therefore we will bill the custodial parent.

Cancellation Policy

Cancellations must be made by phoning the office at 503-224-2590. Last minute cancellations of scheduled appoints are difficult to fill and costly. Therefore, I ask that cancellations be made at least 48 hours to your appointment. Appointments missed or cancelled in less than 48 hours will incur a 50% charge. Exceptions to this policy may be made for emergency situations on a case by case basis.

By signing below, I recognize that I have read, understood, and agreed to the payment arrangements described in this Financial Policy/Agreement. I authorize the release of any information my insurance company may need to process my claim, and I authorize my insurance company to issue payment directly to Children's Naturopathic Centre. In the event I have personal balances owing, I will promptly pay them and bring them current. I agree to pay any accounting service charges assessed by the billing department on balances over 60 days. Failure on my part to pay my personal financial obligations to Children's Naturopathic Centre could result in my account balances being turned over to collections. Regardless of any secondary insurance, our service is NOT available to Medicare or Medicaid patients.

Patient Name: _____ Date of birth: _____

Parent/Guardian Signature _____ Date: _____

Printed Name _____