



Welcome to our clinic. Please read and sign each policy indicated below. If you have questions, please ask our Patient Services Coordinator

Payment of Fees and Insurance

I understand that payment is due at the time of service.

All fees for practitioner services and lab fees (except those verified as payable by your insurance company), supplements and uninsured procedures are due at the time of service.

It is each patient’s responsibility to be aware of his/her insurance coverage including co-pays, co-insurance, deductible, and yearly maximums. Please provide your insurance information to our Patient Services Coordinator prior to your first appointment. Your insurance benefits will be verified before your first visit. **A verification of benefits is not a guarantee of payment and you are responsible for fees not covered by your insurance.**

I have fully read, understand and agree to the above information:

Printed Name of Patient Patient’s Signature _____
Date

Printed Name of Guarantor Guarantor’s Signature _____
Date

SERVICES/SUPPLEMENTS/SUPPLIES

I understand and agree to the following:

- Any and all supplements, supplies, herbs, formulas, etc. recommended and prescribed by my provider and/or purchased by me at Pearl Natural Health are my full financial responsibility with payment to be made at the time of service/purchase. You are not obligated to purchase these products from Pearl Natural Health. **No open, refrigerated products or books can be returned to the clinic for refund under any circumstances. You may return unopened products within 30 days and will be charged a 15% restocking fee.**
- Pearl Natural Health does not bill insurance carriers, health savings plans, or any other like entities for any supplements, herbs, formulas, or supplies. It is my full responsibility to submit the required information to these entities for

reimbursement. Pearl Natural Health will provide a super bill for you to submit.

- **Treatment/services such as** moxa, cupping, injections, IV Therapy, etc. are generally not covered by insurance carriers and **are my full financial responsibility** (*except where specifically determined by my insurance carrier as included in the primary treatment/service being rendered and clearly stated in the insurance contract with the treating provider*).
- It is my full financial responsibility to pay for any charges previously covered/paid by my insurance carrier to the provider and/or Pearl Natural Health, which: Is later deemed by my insurance carrier to not be “medically necessary”, and has resulted in a partial or full refund request by my insurance carrier from the provider or Pearl Natural Health.

I have fully read, understand and agree to the above information:

Printed Name of Patient Patient’s Signature _____
Date

Printed Name of Guarantor Guarantor’s Signature _____
Date

NON-COVERED WAIVER ACKNOWLEDGMENT:

STATEMENT OF FINANCIAL RESPONSIBILITY

I understand and agree to the following responsibilities regarding payment:

- **Co-pays** or co-insurance are due at the time of service.
- All visits **inclusive of both naturopathic and acupuncture treatment incur 2 copays which are** due at time of service, per insurance requirement.
- All fees for practitioner services and lab fees (except those verified as payable by your insurance company), supplement expenses, and uninsured procedures are due at the time of service
- I am responsible as the patient or patient’s guarantor for full payment of services rendered at the **time of service**, including all supplements, herbal formulas, supplies, lab work and tests, and physician ordered add-on lab work and tests, as well as any additional expenses incurred in connection to my healthcare, such as: postage and delivery, shipping and handling, and phone consultations in which the provider or clinic wherein medical advice is provided.

I acknowledge that I am financially responsible for all charges that are incurred not covered by insurance that can include the following:

- Extended follow up patient visits over 45 minutes with codes 99354 and/or 99355 not covered by my insurance company.
- Laboratory and administrative costs for lab kits dispensed by Pearl Natural Health
- Telephone calls of greater than 5 minutes, and requiring medical prescriptions, medical decision-making, or medical record keeping, will incur charges. Fees will be collected at time of service.
- Specimen handling and lab administrative charges
- Intravenous injections
- Nutritional, herbal, and homeopathic supplements
- **Charges:** I acknowledge that I am financially responsible for all charges. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, I agree to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize the Pearl Natural Health to release information necessary to secure payment.
- **Missed Appointments:** Pearl Natural Health, as a courtesy will contact you 3 times to remind you of your appointment – by email and phone. The clinic has a strict 24-hour cancellation policy, meaning that all appointments need to be cancelled 24 business hours prior to your scheduled appointment. I understand that there will be a minimum of \$100 for any appointment not cancelled within 24 hours during and not after business hours.
- **I consent to have credit card information stored on an encrypted site. If I do not cancel my appointment within the allotted 24 business hours my card will be charged \$100.**
- Fees and rates are adjusted periodically and therefore may increase during the term of our engagement. While we will do our best to avoid unknown adjustments, on occasion, such changes may occur without written notice.

I have fully read, understand and agree to the above information:

Printed Name of Patient

Patient's Signature

Date

Printed Name of Guarantor

Guarantor's Signature

Date

Laboratory Fees

We may recommend that certain laboratory tests be completed to help diagnose the cause of your health problem. It is your decision as to what labs choose to complete. Many of these tests can be processed through our contracted labs (Quest Diagnostics, LabCorp of America or Providence), or you may choose to complete them through other local labs (such as Legacy Health Services, OHSU Pavilion, Vancouver Clinic).

While lab tests are often a covered service, **you remain responsible for fees associated with these tests if your insurance does not pay**, or if the laboratory used will not bill your insurance. Pearl will make its best efforts to have accurate information about your benefits, but this is ultimately your responsibility. Some specialized tests can only be completed through small, outside labs.

Some lab fees are never covered by insurance, including: many functional lab tests, lab administration fees, lab kit fees, and specimen handling fees.

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Printed Name of Patient

Patient Signature

Date

Printed Name of Guarantor

Guarantor's Signature

Date

Laboratory Results Follow Up

At the time tests are ordered, patients are asked to schedule a follow up appointment to review lab results. Lab results are not reviewed by phone. If you are unable to keep your appointment to review your lab results, you may schedule a telephone consult. A fee will be charged for this consult; insurance does not cover telephone consults.

However, there are some insurance companies that will cover Tele-medicine visits: please check with our patient services coordinator regarding verification.

I have fully read, understand and agree to the above information:

Printed Name of Patient

Patient's Signature

Date

Printed Name of Guarantor

Guarantor's Signature

Date

E-Mail Consent Form

Pearl Natural Health maintains all email communications on a server that is encrypted according to HIPAA standards to ensure patient confidentiality. There are times that patients will communicate with the clinic and its providers through email for which you need to consent to and acknowledge. These include the following:

- Emails to your physician should be brief and pointed toward questions clarifying the treatment plan discussed at your visit in the clinic for the simple exchange of information, as well as any questions related to billing, appointments or labs. These emails will be answered within a timely manner, during the workweek. **Emails are not regularly responded to over the weekend.**
- If you are experiencing new health issues, want changes in your treatment plan, new prescriptions or a refill on a prescription that is outdated please call the clinic to schedule an appointment. These are issues that cannot be answered in any email.
- If you are having a medical emergency or medical issues of a time sensitive nature, email is not the appropriate venue for complex medical issues. Please either call 911 or go to your nearest emergency room or call the clinic to schedule an appointment.
- All emails concerning diagnosis or treatment may be printed out and at the discretion of the provider may become part of the patient's permanent chart.
- Emails sent to the pearlnaturalhealth.com address may be forwarded to the appropriate provider if necessary for clarification of issues around billing, lab orders, prescriptions or treatment plans. Pearl Natural Health will not do so without consent per this form.
- Pearl Natural Health recommends that patients do not use email sent from their email address concerning sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, disabilities or mental health issues. These are best discussed in person.
- Pearl Natural Health will not engage in email communication that diagnoses or treats across state lines.
- It is up to the individual to state what communication they do not want to share on email.

I have fully read, understand and agree to the above information:

Printed Name of Patient

Patient's Signature

Date

Printed Name of Guarantor

Guarantor's Signature

Date

COMMUNICATION BY EMAIL

- To communicate by email please limit or avoid the use of your employer's computer.
- Review your email to make sure it is concise, clear and relevant. If the email is deemed too complex to address, you give consent for our clinic to contact you to schedule a follow up appointment or tele-medicine appointment for which there will be a fee.

I have fully read, understand and agree to the above information:

Printed Name of Patient

Patient's Signature

Date

Printed Name of Guarantor

Guarantor's Signature

Date