



NORTHWEST
Integrative Medicine

General Insurance & Financial Policy

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Financial Policy

1. Patients are responsible for payment of all charges incurred while under treatment.
2. If your insurance card lists a co-pay amount, your co-pay is due at the time of service. (If our biller can verify that services are not subject to a co-pay we will credit your account.) Missed co-pays: \$10 charge.
3. Most supports, supplements and supplies cannot be billed to insurance and must be paid for at the time of service.
4. Overdue accounts past ninety (90) days may be assigned to a collection agency of our choice.
5. Interest of 1.0% per month will accrue on all past due accounts.
6. There is a \$20 charge for any returned check.
7. No show or late cancellation (less than 24 hours notice) fees: Yearly Physical or New Patient: \$150 All others: \$50

Insurance Policy

1. Our office does not verify insurance benefits for patients. It is the patient's responsibility to know their benefits.
2. Patients are responsible for providing a correct address, phone number and a copy of their insurance card at each visit. You will receive a statement each month for any services billed to your insurance which have not been paid after 90 days from the date of service. Insurance is a contract between the patient and their carrier; your involvement would be expected on an unpaid claim older than 90 days. We cannot accept responsibility for collecting on insurance claims or negotiating a disputed claim.
3. If during your visit additional concerns or conditions are discussed that require a diagnosis and/or other treatment, you may incur additional office and/or lab charges. These charges as well as the charges from your preventive care exam will be billed to your insurance company. If your insurance does not cover some or all of these additional charges you will be billed directly for the balance they indicate as "Patient Responsibility".
4. Our provider can never know how your claim will be processed until the payment is received from your insurance company, therefore all services rendered will be billed using the appropriate code(s) per insurance requirements and national billing guidelines. We will not re-code (change a procedure or diagnosis code) and re-bill any service(s) unless a gross coding error has been made on our part.

Supplemental Information

1. Our providers render multiple types of services including, but not limited to: naturopathic care (ND), chiropractic care (DC), osteopathic manipulation (ND), and acupuncture (LAC). Our providers also render services that are often processed under a separate therapy or rehabilitation benefit that may be subject to your deductible. Examples include: NMR (neuromuscular re-education), Exercises, Manual Traction, Myofascial Release, and Manual Massage.
2. Our providers do not know how your claim will be processed until payment is received from your insurance company, therefore all services rendered will be billed using the appropriate code(s) per insurance requirements and national billing guidelines. If you have questions or concerns about how your treatment will be billed, they must be address either before or during your visit.
3. Acupuncture services are a time-based service. Service time is defined as beginning with first face-to-face interaction with the patient in the treatment room until the time the patient leaves the treatment room. Services are billed as either one (1) unit or two (2) units with these timelines: 1 Unit = 8-22 minutes 2 Units = 23-37 minutes
4. **ATTENTION Regence, Premera, United Healthcare and Cigna patients...**some of these plans require pre-notification or pre-authorization from the health plan. Unfortunately, due to the way these systems were set-up by the insurance companies and/or their subcontractors, we are not able to submit these requests until after you have been seen by the doctor. If the request for pre-authorization or pre-notification is denied, you will be financially liable for your visit. A copy of the denial will be made available to you upon request.

Patient Name

Patient Signature

Date