

Washington Homeopathic Clinic

2025 112th Ave. NE
Bellewood Two Bldg., Suite 300
Bellevue WA 98004
425-881-8929
admin@wahomeopathy.com

Dr. Michael Baker, ND, MS, DHANP
Dr. Ryan Robbins, ND

Fees and Services

Please read and fill out both sides of this form.

Patient Full Name: _____

Guardian Full Name (if applicable): _____

Please note: Payment is expected at the time of service.

Fees and Services

First Office Visit (2 hours)

Dr. Baker:

- Constitutional* \$425
- Medical Fee (billable to insurance) \$200

Total First Visit Charge \$625

Dr. Robbins:

- Constitutional* \$300
- Medical Fee (billable to insurance) \$200

Total First Visit Charge \$500

Return Office Visit \$150

Acute Office Visit \$110-\$150

(sore throat, cough, fever, etc.)

Extended Office Visit \$250-325

Video/Phone Appointment* \$75-\$200

After-Hours Page* \$75

Late Cancellation/No Show Fee* \$50

Outstanding Balance Fee* \$10

If bill is not paid within 30 days, a \$10
outstanding balance fee will be assessed.

Homeopathic Remedy* (medication) \$10-30 each

*Not billable to insurance.

Lab Charges – Most labs will bill directly to your insurance. Occasionally some labs will bill directly to the doctor. In that case, a separate bill will be sent to the patient from the Clinic.

Billing Statements

Statements are mailed to patients (or guardians) at the beginning of each month via US Postal Service. It is the patient's (or guardian's) responsibility to promptly make payments, and to keep the Clinic up-to-date on changes to personal data, such as physical mailing address, phone numbers, email addresses, as well as insurance ID# and subscriber information.

Please see page 2.

Insurance Payment for Services

There is no insurance code for the Constitutional Visit portion of the first office visit. Therefore, this charge cannot be submitted to insurance for a claim. The constitutional evaluation exceeds the time and content limitations set by insurance companies. Your insurance carrier considers a portion of the information gathered to be medically unnecessary and investigational. We will bill your insurance company for medically necessary services as appropriate.

The Clinic will submit an insurance claim for payment for only the Medical Fee portion (\$200 of the first office visit).

Please be sure to contact your insurance company before your first visit to verify: 1) Doctor is contracted with your insurance company, and 2) Your insurance plan covers “naturopathic medicine.”

Waiver Agreement

I have read and agree to the above information and assume responsibility for charges incurred from treatment at the Washington Homeopathic Clinic. I authorize my insurance company to pay physicians at this clinic for services rendered. I agree to pay for services regardless of the insurance company’s determination of benefits. I acknowledge that I am responsible for payment of all patient charges if I do not have insurance.

Patient (or Guardian) Signature

Date