

# 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  
Dr. Colleen Ambrose, ND, MAT

## Fees and Services: *Dr. Ryan Robbins*

*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.*

<b>First Office Visit</b> (2 hours)	
Constitutional (not billable to insurance)	\$500
Medical Fee (billable to insurance)	\$225
<b>Total First Visit Charge</b>	<b>\$725</b>

---

### **Other Appointments and Charges**

<b>Return Office Visit</b>	<b>\$160</b>
<b>Acute Office Visit</b> (sore throat, cough, fever, etc.)	<b>\$125</b>
<b>Extended Office Visit</b>	<b>\$265-\$335</b>
<b>Video/Phone Appointment*</b>	<b>\$90-\$160</b>
<b>After-Hours Page*</b>	<b>\$90</b>
<b>Late Cancellation/No Show Fee*</b>	<b>\$50</b>
<b>Outstanding Balance Fee*</b> If bill is not paid within 30 days, a \$10 outstanding balance fee will be assessed.	<b>\$10</b>
<b>Homeopathic Remedy* (medication)</b>	<b>\$10-30 each</b>

*\*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.

**\*\*\* Please SIGN and date this Fees and Services Waiver Form  
(see page 2) \*\*\***

## **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.

## **Insurance Payment for Services**

There is no insurance code for the Constitutional Visit portion (\$500) 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.

Health insurance is an agreement between you and your insurance company. You are responsible for contacting your insurance carrier regarding coverage for treatment. If the insurer requires a referral you must have this paperwork completed prior to the visit and we must receive a copy prior to treatment. Our office bills only insurers with whom we have contracted (see list on the WA Homeopathic Clinic website). For all others, payment is required at the time of service.

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

Note: The Clinic will submit an insurance claim for payment for only the Medical Fee portion (\$225) of the first office visit.

## **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**

Effective: May 24, 2021