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Waiver and Explanation Fees and Services Not Covered By Insurance

PLEASE READ CAREFULLY. IF YOU DO NOT FULLY UNDERSTAND PLEASE ASK STAFF FOR FURTHER EXPLANATION.

Patient _____ Date _____

Guardian Name (if applicable) _____

First Office Call – 2 hours

Constitutional Assessment Fee: Dr. Baker.....\$425
Constitutional Assessment Fee: Drs. Pleiman and Robbins.....\$300
Medical Fee (billable to insurance if contracted)\$200

Total \$500 / \$625

Return Office Call\$150

Acute\$110-150

Extended Return Visit\$325

Phone Appointments (not billable to insurance) \$75 to \$200

After-Hours Pages\$75

Homeopathic Medications (each).....\$20

Please initial below:

_____ Insurance Payment for Services

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. We routinely bill insurance companies for a portion of the first office call.

_____ Payment for Outside Labs

Your insurance carrier may or may not cover all charges for either the test or the laboratory we choose. We appreciate payment for labs before the test is submitted.

_____ Cancellation Fee

A \$100 deposit is required for all first time appointments. This deposit is refundable only if three business days' notice is given for cancellation or change of date. We also request one business day's notice for a return visit (e.g., Friday morning for a Monday cancellation). For return patients, we reserve the right to charge a \$50 late cancellation fee.

I have read the above and agree to assume responsibility for charges incurred from treatment at 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.

Signature of Patient or Guardian

Date

Payment is expected at time of service. Thank you.