

# *Pacific Center for Naturopathic Medicine*

1308 Meador Ave. Ste 109, Bellingham, WA 98229, USA Tel: (360)734.0045 Fax: (360)715-3060

Rachelle Herdman, M.D.(Britain), N.D.  
MEDICAL DIRECTOR

## **PAYMENT POLICY**

### **APPOINTMENT POLICY**

New patient appointments are 60 minutes and follow-ups are generally scheduled for 30 minutes. We respect your time, so please respect ours and be on time. If you are running more than 15 minutes late, your appointment may be cancelled.

**Cancellation Policy:** Our office requires one full working day notice for cancelling an appointment, and by Friday for the following Monday, by telephone call to 360-734-0045. Appointments cancelled less than 24 hours prior to the visit, will be subject to payment of 100% of the anticipated appointment charge, with a minimum of \$40 (except in the case of emergencies). If unforeseen circumstances occur, our office must be notified as soon as possible. Giving us adequate notice allows others who need care to be seen.

**No Show Policy:** The fee for missing an appointment will be subject to payment of 100% of the anticipated appointment charge, with a minimum of \$50 (except in the case of emergencies). All fees must be paid before appointments will be rescheduled.

We understand that emergencies can happen, therefore one late cancellation and one missed appointment may be forgiven before fees will be assessed.

### **INSURANCE COVERAGE**

Dr. Herdman is contracted with Regence, Premera, and other insurers may cover. Carriers with policies outside the State should be contacted prior to the visit to ensure Naturopathic services are covered. If the insurance company does not cover the doctor's services, then the bill will become the patient's responsibility. If the insurance carrier does not pay within 90 days, the balance becomes the patient's responsibility. Co-pays are due at time of service. Remaining balances owing after the insurance company has paid their portion are due upon receipt of the invoice.

Insurance verifications may or not be made by our office be made prior to the visit. It is the PATIENT'S RESPONSIBILITY to know your insurance coverage for office visits and Naturopathic coverage.

### **PAYMENT OF ACCOUNT**

All patients are responsible for payment of services and pharmacy items received or custom-made at the patient's request, whether or not their insurance company pays. Pharmacy items must be paid for at the time of purchase. Insurance does not cover phone consults or pharmacy items and may not cover compounded prescriptions. If you do not have insurance coverage, payment is due in full at the time of service. We accept cash, check, Money Order, Visa, and MasterCard.

Unless a financial contract is arranged and maintained with Dr. Herdman, accounts over 60 days past due are subject to finance charges. Accounts over 90 days past due are subject to collections. There is a \$30.00 charge on any check returned due to insufficient funds.

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## **TELEPHONE APPOINTMENT POLICY**

Patients may contact the office by phone at any time to request information or assistance regarding treatment plans or other immediate concerns. Either Dr. Herdman or a member of her staff will return contact in a timely manner. If the return phone call requires more than 5 minutes of discussion, an office visit will be required instead.

If a specific time is set aside for a telephone consultation with Dr. Herdman regarding medical concerns or questions, the same charges as an office visit will apply. Health insurance cannot be billed for phone consults. Phone consultations are subject to the late cancellation and no-show policies as defined above.

## **RETURN POLICY**

Capsule or tablet supplements that are returned within 60 days of purchase, unopened and are not close to their expiration date, can receive a credit for the full purchase amount minus a restocking fee of 10% to cover our costs for working on our inventory adjustments. This credit can be applied to other supplement purchases or for patients who are not using insurance, credit can be applied to costs of visits or lab tests. Supplements purchased more than 60 days previously are not eligible for refunds or credits. Any supplements that are related to a patient noticing symptoms may be returned within 30 days of purchase for a full refund. Tinctures are not eligible for refunds because they are custom formulated for each patient and cannot be reused.

## **MEDICAL RECORDS**

Please be aware that we are unable to provide medical records on a walk-in basis. Please allow at least 48 hours for processing after a medical records release form has been signed (if records are being sent to anyone other than the patient). Requests will be processed and records mailed, as indicated. A charge of \$0.50 per page will be issued for patient records. There is no charge for copies mailed to providers or the patient.

### **I have read, understand and agree to Dr. Herdman's Payment Policy.**

Print Patient name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RELATIONSHIP TO PATIENT:    SELF            PARENT            OTHER