Northwest Naturopathic Clinic
1540 S.E. Clinton St. Portland, Oregon 97202
Office: 503 -224-8083 Fax: 503 -224-5883

ABOUT FINANCIAL ARRANGEMENTS AND INSURANCE

We are committed to providing you with the best possible health care. If you have medical insurance, we want you to receive your maximum allowable benefits. In order to achieve this goal, we need your assistance and your understanding of our payment policy.

Payment is due at the time services are rendered unless other arrangements have been approved in advance. We accept cash, checks, debit, Visa and Master Card. Returned checks and balances older than 30 days may be subject to additional collection fees and interest charges of 1 ½ % per month. Charges may also be made for missed appointments of those cancelled without 24 hour notice.

We will gladly discuss your proposed treatment and help you process the claim form for your insurance reimbursement. You should realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Our fees are considered usual, customary and reasonable (UCR) by most insurance companies and are therefore covered up to the maximum allowance determined by carriers who pay a percentage of the total cost.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover

We must emphasize that as healthcare providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we gladly extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payments of you account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us.

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I have read the above information and agree that (regardless of my insurance status), I am ultimately responsible for the balance on my account for any professional service rendered.

Signature: _____Date: _____.