

Clinic Policies Stellina Natural Medicine 2022/2023

We have two important policy updates for 2022 and have put them at the top for easy reference.

PLEASE READ OVER THESE CAREFULLY.

Note: By choosing the 'Yes' option, you are hereby electronically signing and acknowledging that you fully understand and consent to the information provided.

PAYMENT AND CREDIT CARD ON FILE POLICY

We are committed to efficiency and ease when it comes to billing and receiving payment for the medical care we provide. For all visits occurring after February 1st, 2022, we require that you provide a credit card on file with our office. While we prefer that you continue to pay your account balances yourself, at your convenience, this policy will reduce staff time spent on collecting overdue balances and sending accounts to collections.

When scheduling or checking in, we will verify that you have a credit card on file and if you do not, we will store one in ChARM's PCI-compliant, secure digital payment gateway for future transactions.

Credit cards on file will be used to pay all >30 day overdue account balances that occur after insurance has finalized the medical billing claim, including co-insurance, co-payment, and deductible.

Credit cards on file will be used to pay the following charges as they occur:

- Physician on-call non-covered services fee
- Administrative document/task fees
- Portal message fee
- Late cancel/no show fee

A couple of examples of how this works:

1) Once your insurance has processed our claim, they will send you an Explanation of Benefits (EOB) showing your total patient responsibility (i.e. the balance you owe). If you have a remaining balance due, you will receive an invoice via your patient portal. You may pay this invoice at that time. If the full payment has not been received within 30 days, your credit card on file will be charged up to \$200 per family member, each billing period (every 28-30 days) until your balance is paid in full.

2) For services that incur a fee at the time they occur, your card will be charged as soon as the service is completed. For example, as soon as medical advice is provided via an off-duty-physician on-call service or portal message, at the time a late cancellation is made, or as soon as a document request is processed.

If your credit card expires or payment otherwise becomes uncollectible, you will be required to promptly provide a new means of payment. We do not accept HSA or FSA cards as your card on file, as they cannot be billed for late cancellation fees, after-hours medical advice and administrative task fees; however you can log in and pay your invoice/bill in the portal yourself with your HSA or FSA card for visit balances, and pre-paid supplements if covered by your plan.

CREDIT CARD ON FILE AUTHORIZATION

I agree to place my credit card on file to be charged by Stellina Natural Medicine, Vivian Sovran, ND, Candace Aasan, ND, Anna Evershed, ND, and/or Andrea Lutac, ND. I authorize the use of my credit card for the purposes stated above. *

Yes No

FEES FOR SERVICES AND ADMINISTRATIVE FEES

In order to continue the comprehensive, compassionate, and attentive care we strive to provide our patients within the insurance model, we are implementing fees for previously uncompensated services. We now require payment for medical advice and completion of some forms and administrative tasks that occur outside of an office visit or telemedicine visit and cannot be billed to your insurance. We will charge your credit card on file for these services immediately upon completion of the work.

Examples of fees for services* not billable to insurance include:

- Vaccine exemption forms NOT completed during a patient visit (these require the physician to confirm all vaccines are entered in the patient chart and state vaccine registry, and to confirm that the required counseling has been performed): \$15
- Urgent/emergent medical advice provided by our off-duty physician on-call, outside of regular office hours: \$50 per occurrence
- Rush processing (<5 business days) of any forms that require physician review and signatures such as sports physicals and school medical paperwork: \$20
- Late cancel/no show fee (<24 hours notice): \$50
- Disability parking placard forms: \$25
- FMLA forms: \$50
- Any medical letter not part of a billable visit (excusing from school, work, parental leave, etc): \$50

*These services are not comprehensive and fees are subject to change at any time

The following services or administrative tasks will not incur additional fees:

- Regular completion of sports physicals or camp forms in 5-10 business days
- Reprinting/resending of forms already completed and stored in the medical chart
- Vaccination exemption forms completed as a part of an in-person or telehealth visit
- Provision of State Vaccination Registry reports in 5-10 business days
- A medical letter provided as a part of a billable visit (example, in-person visit to confirm recovery from illness and letter written for school or work, telehealth visit for illness and paperwork to excuse from school/work/jury duty)

I acknowledge and consent to the above administrative fee policies. *

Yes No

INSURANCE AND SELF-PAY BILLING POLICY

You are required to provide proof of insurance coverage (insurance card) at the time of each visit, including telehealth visits. If the insurance information you provide is expired, invalid, or incorrect you will be responsible for payment for any services rendered in full, which will be charged to your credit card on file.

If our practitioners are participating providers (“in-network”) with your insurance carrier, we will submit your claim to insurance directly. According to your insurance plan, you are responsible for any and all copays, deductibles, coinsurance, and non-covered services. These amounts are determined by your insurance carrier’s medical benefits, not by our office. It is your responsibility to understand your medical insurance benefit plan.

Not all insurance plans cover naturopathic medical care. Coverage and benefits questions or disputes should be addressed to your insurance company, not to Stellina Natural Medicine office staff or providers.

If you are uninsured, do not have naturopathic medicine benefits, or are out of network with our providers, payment for our healthcare services must be made at the time of service. All patients paying in full at the time of service will receive a 20% discount on visit fees. This discount does not extend to non-visit fees and supplements.

Billing statements/invoices will be sent via your ChARM patient portal account. Once a child turns 13 years old, invoices will be sent to the guardian’s email.

I agree to the above insurance and self-pay policies. * Yes No

PRESCRIPTION REFILLS

All prescription refills need to be requested via your pharmacy. We will receive the request from your pharmacy and process it within 5 business days. It is your responsibility to know when you will need a refill.

All medication refills require an annual visit to review the necessity of the prescription, perform any necessary labs and/or tests, adjust dosage, and provide appropriate counseling. Some medications require more frequent visits to refill a prescription, for example ADHD and mental health prescriptions.

WELL CHILD AND ANNUAL WELLNESS VISITS

Well child visits and annual wellness visits are classified as Preventative Care Exams by your insurance. If there is any additional concern (i.e. rashes, headaches, constipation, ADHD, etc.) it is at the doctor’s discretion to evaluate and/or treat it in the context of the wellness visit, rather than have you return to address it on a different date. Any diagnosis in addition to the wellness diagnosis, is then added as an additional billing code (not separate, but “attached” to the wellness visit). We are required to follow specific coding laws to indicate to your insurance company what was addressed during your visit. When an additional concern is addressed during a wellness visit, your insurance company will consider that an additional evaluation and management visit.

While most insurance plans cover wellness visits at 100%, evaluation and management visits are subject to a copay, coinsurance and/or deductible, and you are responsible for the resulting fee. Please inform your physician if you do not wish to address anything outside the realm of a wellness visit. If you are unsure whether or not an additional concern will be billed separately, please ask your physician. As always, it is your responsibility to know your medical insurance benefits.

DIVORCE/SEPARATION:

In cases of divorce and/or separation, the legal guardian and/or the person bringing the child in for services will be held responsible for paying any balance originating from that visit. If you provide legal documentation that someone other than the legal guardian is financially responsible and you provide billing information for that responsible party, we will attempt to bill that party. However, if the balance is unpaid by that person, you will be held responsible for the balance on your child's account. At this time, the PHR account can only be assigned to one email address, which can create logistical problems in divorced or blended families. If this presents a problem, you may speak with the Clinic Director to find a workable solution.

TELEMEDICINE / TELEHEALTH

All telemedicine visits with the providers at Stellina Natural Medicine, Dr. Candace Aasan, Dr. Anna Evershed and Dr. Andrea Lutac are delivered via video streaming through a secured, HIPAA compliant application. Please ensure that you are in a private area so others cannot overhear your conversation. Public spaces and the use of public computers cannot guarantee your patient privacy.

Telehealth may not be appropriate for the evaluation of certain concerns - this will be up to your provider's discretion. Annual visits/ physicals, preventative exams, and well child exams must be conducted in-person. Limitations of telemedicine include the following: You may be asked to come in for a same day, in-office visit in order to complete physical examination, for further evaluation, or if your condition exceeds diagnosis and treatment capabilities via video discussion. A poor connection or image resolution may prevent your physician from making appropriate medical decisions or may delay the medical evaluation or treatment. Very rarely, security protocols could fail, causing a breach of privacy of personal medical information.

The same insurance/billing policies apply as in section "Insurance and Self Pay Billing Policy" above. It is your responsibility to know if your insurance policy covers telemedicine or telehealth benefits. To proceed with a telemedicine visit, your primary residence must be in Washington state.

I agree to the above telemedicine policies: Yes No

PRIVACY PRACTICES/HIPAA

We maintain a record of the health care services that we have provided to you. We will share this information, as permitted by law, to provide you with medical treatment, run our organization, and bill for these services. You have the right to view and obtain a copy of your medical records if needed. Our Notice of Privacy Practices document describes in more detail your rights to your health information and how this information may be used and disclosed. A copy of our Notice of Privacy Practices is available on our website under the "For Patients" tab, or we can provide you with a copy prior to your appointment. Sharing of your health information is typically used to improve the continuity of care that you receive. Common examples include sending immunization records to our state registry, use of a Health Information Exchange (HIE) with other health care organizations involved in your care, and accessing your prescription history from pharmacies. If you have questions or want to discuss options for decreased information sharing, please contact our Clinic Director.

I acknowledge that I have had the opportunity to review the privacy practices/HIPAA policy. * Yes No

INFORMED CONSENT

I consent to the plan of care proposed by Stellina Natural Medicine, or Candace Aasan, ND, an independent provider at Stellina Natural Medicine, or Anna Evershed, ND, an independent provider at Stellina Natural Medicine, or Andrea Lutac, ND, an independent provider at Stellina Natural Medicine. I understand that I, or my authorized representative, have the right to decide whether to accept or refuse this plan of care. I will ask for any information I want to have about my medical care and will make my wishes known. I understand that Stellina Natural Medicine, Dr. Candace Aasan, Dr. Anna Evershed and Dr. Andrea Lutac participate in the training of physicians and other healthcare providers and I consent to their involvement in my care. I understand that the practice of medicine is not an exact science and acknowledge that no guarantees have been made to me regarding the likelihood of success or outcomes of any examination, treatment, diagnosis or test performed by Stellina Natural Medicine, Dr. Candace Aasan, Dr. Anna Evershed, or Dr. Andrea Lutac.

I consent to the above Informed Consent: * Yes No

I am hereby electronically signing and acknowledging that I have read and fully understand the above Clinic Policies. I agree to the above stated information.

Please type your full name and relationship to patient: *

SIGNATURE OF PATIENT OR PATIENT'S GUARDIAN *
