



NCNM Financial Policies

Welcome to NCNM!

We are happy that you have chosen to pursue naturopathic treatment at NCNM. Our goal is to provide you with the highest quality naturopathic medical care possible. We are committed to a healthy and honest relationship from the start and for this reason we ask that you take the time to review our office and financial policies and procedures.

Please check the boxes and sign below to acknowledge that you have read and understand these policies.

Note: We are not an urgent care facility and do not provide emergency coverage. If you have an urgent issue, dial 911 or go to your closest emergency room/urgent care facility.

FEE SCHEDULE

Office visits are billed according to length of time and complexity of care delivered. Your actual out of pocket costs will depend on your insurance benefits, deductible, and which services your doctor provides.

Costs for Office Visits and Services

First office visit (60 min) \$170-270

This is an estimate of a first office visit at NCNM. Actual cost is based on the complexity of the case and services rendered.

Our doctors are contracted with many insurance companies. It is up to you to know whether your benefits cover the naturopathic services of the physician you are seeing. We will do our best to help you understand the fees for service at NCNM.

For all of our private pay customers, we offer a generous 20% discount when payment is made the same day as service provided. Our doctors do their best to keep costs down for our private pay customers.

Return Office Visit (30 minutes) \$117-\$175

This is an estimate of a return office visit at NCNM. Actual cost is based on the complexity of the case and services rendered.

Phone Consult

Under 5 minutes free;

6 - 20 minutes \$50;



21 - 30 minutes \$75;

31 - 40 minutes \$100;

* phone consults will not be billed to insurance

Please note that the above fees do not include the costs of any recommended lab work, lab review, nor recommended nutritional, homeopathic, or botanical supplementation.

Insurance patients, you are expected to know your co-insurance amounts and pay them at the time of service. Thank you.

I have read and understand the above fees. * Yes

CANCELLATION POLICY

At NCNM, we respect your time, and we trust that you respect ours.

Your appointment has been specifically reserved for you. Please give us at least 24 business hours notification in the event that you need to change your appointment time. Cancelling an appointment within the 24 hours before your visit will result in a \$75 charge. Multiple occurrences of late cancellations or no show to an appointment will result in termination of medical services with our office.

I have read and agree to the above cancellation policy. Yes

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EMAIL POLICY

Naturopathic treatments are individualized, and often require multiple changes in diet and lifestyle. In between your office visits we are happy to answer short questions that clarify treatment plan instructions via email and Charm messages. However, email is not a substitute for an office visit and abuse of this service will not be tolerated.

Please keep your email questions to about 3-5 lines long and they must pertain to your current treatment plan.

If your doctor determines that your email is too complex, is a new medical complaint, requires an in-depth explanation or additional medical management, you will be encouraged to schedule an office visit or phone consult with your doctor.

This is to ensure your questions and health management may be adequately and appropriately addressed.

These calls are billed at the regular office rate and payment is due via credit card at the end of each call.

I have read and agree to the above email policy. * Yes

INSURANCE & PAYMENT

Your health insurance policy is a contract between you and your insurance company and you are responsible to know your coverage. Many private insurance companies have



policies that do cover some or part of the care you receive from physicians at NCNM. Whether your particular policy is one that has such coverage is a detail you can learn from your insurance agent as our office does not have access to that information. You are expected to contact your insurance company before your visit and know your coverage and co-pay.

NCNM will submit a claim on your behalf to your insurance company as a service to you. You will be responsible for any denied claims. Please note that Medicare and Medicaid do not reimburse for naturopathic medical services. As a result, all charges incurred are solely your responsibility regardless of insurance coverage.

Payment in full is due at the time of service. This includes fees for medical office visits, labs and any herbal/nutritional supplements prescribed to you.

For your convenience we accept cash, check, and all major credit cards.

Bounced checks incur a \$45 processing fee.

There are no refunds on services or custom blended tinctures.

Upon request, we can provide you with a superbill to submit to your insurance for possible reimbursement.

I have read and agree to the above payment policy. * Yes

AUTHORIZATION FOR CREDIT CARD USE

The undersigned permits and authorizes NCNM to keep credit card information and signature on file. This card may be used for payment of future visits if desired by the undersigned. We do accept other methods of payments for office visits (cash, check, credit and debit cards), though we require a card number on file to hold your appointment times. This card will be charged for missed appointments as per the above cancellation policy.

I agree * Yes

Name of Cardholder * _____

Billing address * _____

Credit card number * _____

Expiration date * _____

Last 3 digits on the signature panel * _____



**Patient and Cardholder Signature (if
different) :**

Today's Date:
