



numinosity

Office Policy Regarding Fees and Payments

This is an outline of our fee arrangement and payment options:

1. Private pay with Time of Service (TOS) Fee
2. Insurance Reimbursement
3. Personal Injury (usually following a motor vehicle accident)
4. Workers Compensation

We invite you to discuss frankly with us any questions you have regarding our fees and services. The best health services are based on friendly, mutual understanding between provider and patient.

Please read over each description, and initial the number(s) which plan applies to you.

1. _____ Private Pay – Full payment is expected at time of each visit. We accept cash, check or MC/Visa. Our office offers a Time of Service (TOS) fee to those patients who keep a zero balance on their account (excluding psychotherapy and counseling services). If payment is not received at the time of your visit, you will not be eligible for a TOS fee. Labs, supplies and supplements are excluded from this fee. No insurance will be billed if this option is selected, however we can print you a receipt if you wish to submit it to your insurance company.

2. _____ Insurance - For patients who have private health plans covering our services: We require your deductible/co-payment at the time of service, as stated by your insurance policy. We will verify your benefits, however, verification is **NOT** a guarantee of payment and you are fully responsible for any fee your insurance does not cover.

3. _____ Personal Injury – This typically refers to an auto accident. You must report your accident to your insurance company to establish a claim. You must furnish this information to our office prior to your first visit. As a courtesy, we will bill and collect from your car insurance company, however if your insurance company does not pay your balance in full, you are responsible for any unpaid portion and you can recover any monies paid at the time of settlement.

4. _____ Worker’s Compensation – if you have been injured on the job, you are required by law to report to your employer first and open a claim. The first provider you see following your injury will be considered your ‘primary provider’ for this case. If we are not your primary provider on the case, it will require a referral from that provider. You are not required to make a payment, unless your claim is denied. If a denial occurs, you will be fully responsible for the balance of your account. We can discuss a payment plan at that time.

I understand that all billing and balances are ultimately my responsibility and that I will pay these amounts in a timely fashion. There will be a charge for returned checks. **We require advanced notice if you are unable to keep your scheduled appointment. Our voicemail is available 24 hours a day, 7 days a week. You will be charged the full cost of a visit for any missed appointment without 24-hour notice. Patients who arrive late may be asked to reschedule.**

Client/Patient signature _____ Date _____

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