5603 38th AVE NW
GIG HARBOR, WA 98335

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info@peninsula**natural**health.com

Patient Financial Responsibility Agreement

Please read and acknowledge your receipt and understanding of the following service billings and your financial responsibility.

› First Office Visit Cash (courtesy) rate: $210.00
› Return Office Visit (courtesy) rate: $105.00 (typical), $150 for extended visit
› Insurance First Office Visit Maximum Charge: $290.00*
› Insurance Return Office Visit Maximum Charge: $205.00*

*Charges billed to insurance companies may vary depending on the specific treatment provided during each visit. Contracted rates may also vary from one insurance company to another.

If Peninsula Natural Heath Center is contracted with your health insurance company, we are **legally obligated** to bill your insurance for your visits. We can only offer the cash courtesy rate if you do not have health insurance, you have been denied coverage, we are out of network with your insurance company or you do not have naturopathic benefits within your individual plan.

We are currently contracted with the following insurance companies for Naturopath: (These may change without notice.)

› Regence	› LifeWise	› BlueCross BlueShield
› Premera	› KPS	› Group Health
› First Choice	› Cigna	›Aetna

You have an obligation to pay the charges that are not covered by your insurance carrier. You are ultimately financially responsible for all services provided. Therefore, it is recommended that you familiarize yourself with your policy benefits. **In addition to the above, please note that we request notice of cancellation 24 hours prior to your scheduled visit. Repeated cancellations or missed appointments may result in billings for the appointment, for which you are financially responsible.**

By signing below, I acknowledge the receipt of the above information.

_____ _____/_____/_____

PATIENT SIGNATURE OR LEGALLY AUTHORIZED INDIVIDUAL DATE

_____ _____

PRINTED NAME RELATIONSHIP IF OTHER THAN PATIENT