

Payment Agreement Form:

Fees:

Naturopathic First office visit: 1.5hour -- \$295 out-of-pocket.
Naturopathic Follow-up visit: 45-60 mins -- \$200 out-of-pocket.
Ayurvedic Abhyanga and Sweat: 90mins – \$200 out-of-pocket;

Payment

Payments for office visits, supplements, and all procedures is due at time of service. We accept cash, checks, Visa, and Mastercard. We can accept payment from your HSA. The fee for returned checks or notice of insufficient funds is \$35.

Insurance

Currently, Dr. Anup Mulakaluri is in-network with Regence, BlueShield, Premera, BlueCross, First Choice and Lifewise. It is the client's responsibility to confirm prior to their appointment if Dr. Anup's services are covered by the client's specific plan.

All payments are due at the time of service, without exception. If your insurance allows Naturopathic Care, we will submit reimbursement paperwork to your insurance company, as a courtesy to you. If you do not know if naturopathic medicine is covered, you can call your insurer to find out. Insurance may not cover all fees, such as vitamin injections or outside labs that are considered investigative. We will do our best to make you aware of these non-covered fees ahead of time, so that you can choose if you would like to go forward.

Cancellation Charge

We require 24 hours notice for canceled or rescheduled visits. There is no charge for visits canceled with 24 hours notice. Full cost of the scheduled visit will be charged for cancellations with less than 24 hours notice.

Lab Work

Lab work originating from our office may be covered by your insurance company. The laboratory handles all billing and will bill you or your insurance company directly.

Return Policy

All dispensary items must be paid for at the time of purchase. Credit on your account will be given for unopened items in perfect condition if returned within 30 days. No credit will be given for items returned after 30 days. Refunds cannot be made.

Collection Notice

I understand that any and all accounts that become 90 days delinquent are subject to collections and may incur a \$25.00 collection fee.

Print Name _____ **Sign:** _____ **Date:** _____