

Payment Agreement Form:

Fees:

Problem-focused visit: 30mins -- \$125-160 (variable) for insurance clients; \$135 out-of-pocket.
 Naturopathic First office visit: 1.5hour -- \$200-285 (variable) for insurance clients; \$240 out-of-pocket.
 Naturopathic Follow-up visit: 45 mins -- \$100-175 (variable) for insurance clients; \$160 out-of-pocket.
 Procedural visit: 1 hour – \$90 out-of-pocket; Plus: cost of materials (variable)
 ** Extended visit charge for follow-up visits that are over 75mins billed to insurance variable). Out of pocket: \$45.

Variable Insurance rates:

Visit Code	Visit type	Time in visit/units	Approximate insurance rates
99202 or -212	Low-complexity internal medicine	15 mins	\$50-75
99203 or -213	Low-moderate complexity	25 mins	\$80-110
99204 or -214	Moderate complexity	35 mins	\$120-160
99205 or -215	High complexity	45 mins	\$160-250
99417	Extended visit	15 mins per unit	\$45 per unit
97140	Procedural/body therapy visit	15 mins per unit	\$25-45 per unit

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 48 hours notice for canceled or rescheduled visits. There is no charge for visits canceled with 48 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:** _____

Insurance Registration Form

Insurance Company: _____ ID#: _____

Subscriber Name: _____ Group#: _____

_____ I certify that I am eligible for benefits under my prepaid health benefit plan. In the event that I am later found to be ineligible or in consideration of being treated without proof of eligibility, I agree to pay for any and all services provided by my individual practitioner based upon regular fees then in effect.

_____ I understand that all Co-pays will be due at the time of service and that all non-covered, co-insurance, and Deductible amounts must be paid within 30 days of receipt of notice from my insurance or Nightingale Medical Billing.

_____ I grant permission to Nightingale Medical Billing to submit claims on my behalf to my insurance carrier for services provided by Dr. Anup Mulakaluri.

_____ I authorize the release of any medical or other information necessary to process my claims.

_____ I authorize payment of medical benefits to “Natural Rhythms Integrative Medicine” directly from my insurance carrier.

I have read and understood the above information and have been provided with a copy at my request.

Client Signature or Parent/Guardian (if under 18 years of age)

Date

Client Name

Client Date of Birth