



## Soaring Crane Natural Health Center

209 W Cedar Ave. Palmer, AK 99645. 907.745.3999. soaringcraneclinic.com

### Financial Policy

Our goal is to provide you excellent medical care in a comfortable, personal and cost-effective manner. Our financial policies have been developed to help keep your cost of medicine down. You can help by paying in a timely manner. Thank you!

Payment at the time of service is expected. Payment may be made by cash, check, Visa, Mastercard or Discover.

**Insurance Billing:** Soaring Crane Natural Health Center will bill your insurance provider directly. At the time of service, you are expected to pay any remaining deductible, co-payment and for any non-covered services such as all medicines/supplements. We expect payment in full within 60 days for services billed to insurance. It is your responsibility to pay any balance older than 60 days and to follow up with your insurance company for reimbursement. If we receive a payment from your insurance company after your balance has been paid, we will credit your account. Refunds will be distributed upon patient request. It is your responsibility to contact your insurance company if a claim is denied, paid at a rate lower than you expected or if it has not been paid within 60 days. If we have made an error we will gladly resubmit a corrected claim.

**Lab Billing:** Labs will be billed separately by Pacific Physicians Laboratories.

**Late payments and Overdue Accounts:** We reserve the right to charge a fee for overdue accounts and for submitting insurance forms after 60 days. As you continue care, we expect payment on your old balance as well as payment in full for new charges at the time of service. Accounts with balances over 90 days will be turned over to a professional collection agency unless you are making timely payment on an approved payment plan.

**Payment Plans:** Please let us know if you are having a difficult time paying for your medical care. It is our goal to serve you and the community to the best of our ability and we will make every effort to work with you to provide a payment plan that works with your financing.

**Cash Pay:** For cash paying patients, there is a 10% discount on all services rendered if payment is in full at the time of the visit. This does not apply to supplements or labs. Cash pay/relaxation massage therapy will be billed at \$75.00/hour. Medical massage therapy will be billed at \$100.00/hour and submitted to your insurance.

**Phone Appointments:** Payment is due at the time of visit. You will be asked for your credit card number prior to the visit and will be charged for the visit or for your deductible as well as any supplements and shipping costs.

**Cancellation Policy:** We require cancellation or rescheduling of an appointment 24 hours in advance. After one late cancellation, patients will be charged a \$50.00 fee. No-shows will be charged the full amount of their missed appointment.

#### Financial Agreement:

- I have read the policies above and understand them.
- All insurance payments for services rendered are assigned to this office.
- I understand that it is my responsibility to contact my insurance company should a claim be denied or not paid in full.
- I promise that I will pay all charges in full within 60 days.
- I understand that I am financially responsible for all charges, whether or not they are covered by my insurance.
- I authorize Soaring Crane Natural Health Center to release to my insurance carrier any medical information needed to obtain payment for services rendered.
- I understand that if I disagree with any charges, I will contact this office in writing within 30 days of the billing date.
- Should legal action be taken by this office to collect an unpaid balance due for services provided, I/we agree to pay reasonable attorney's fees or other such costs as the Court determines proper.

Signature (responsible party) \_\_\_\_\_

Date \_\_\_\_\_