

WISDOM TRADITIONS

HEALTHCARE CENTER

2010 Office Policy Update

To help us better serve you and offer you the best possible care, we have modified both our office and financial policies.

- Please update us of any information changes to your address, insurance coverage, etc.
- All co-pay, deductibles and/or payments in full are due prior to your appointment time to allow ease of administration.
- Payment can be made by cash, Visa, Mastercard or check.
- All checks returned for Non Sufficient Funds (NSF) are subject to a \$25 returned check fee in addition to all other fees incurred.
- To continue to offer you competitive rates, we ask that if your insurance has not paid within 60 days of the initial billing date, the balance is therefore the responsibility of client, and should be paid in no more than 30 days from that point.
- Should collection activity be necessary, the client agrees that he/she shall be responsible for all administrative, court, legal fees, and collection company fees.

INSURANCE

- Insurance is a contract between you and your insurance company. We will do whatever we can to help you receive benefits from your insurance carrier, but are unable to become involved in disputes between you and your insurance carrier concerning non covered services, co-payments, “usual and customary charges”, etc.
- We understand many medical offices are requiring full payment at time of service. However, we will bill your insurance as a COURTESY, so as to help you receive the maximum benefits allowed.
- A completed and signed insurance form is needed each year, as well as in cases where there has been a change to the clients insurance policy and coverage.
- Should failure to do so result in the non payment of a service date, it is the understanding of the client that they are financially responsible for all outstanding balances, and payment in full is due no later than 30 days from the date of notice.
- Patients understand that accumulation of debt whether resulting from non-payment of insurance claims, or non-payment of co-pay and/or deductible

payments will result in termination of further appointments until such debt is resolved in full.

APPOINTMENTS

- At Wisdom we follow the Anchorage Unified School District recommendations for closure due to road conditions and safety. Should this occur, we will do our best to reschedule you for a different date and time.
- Appointments are made on a 1st come, 1st serve basis.
- New Wisdom Tradition patients may be placed on a temporary wait list until all necessary patient and insurance information has been received and validated.
- We ask that all appointments cancelled by the client be done with a minimum of 24 hours notice, so that we may have the option to reschedule to a later appointment time, and also offer the cancellation to another client in need.
- Should a client cancellation be made with less than 24 hour notice, the client understands that they may be subject to a \$45 no show fee.
- All clients are asked to arrive 10 minutes prior to their scheduled appointment time to allow for future scheduling, copay/deductible payments and any additional administration paperwork needed.
- It is the understanding of the client that while Wisdom Traditions understands the unpredictability of daily life, all clients that arrive 10 minutes past their scheduled appointment time are subject to session cancellation for that day, and/or a \$45 no show fee.

REGARDING MINOR CHILDREN

- All parents or legally appointed guardians **MUST** sign a legal consent to treat a minor child **PRIOR** to the initial service date.
- **ALL MINOR CHILDREN NEED TO BE ACCOMPANIED BY A PARENT OF LEGAL GUARDIAN AT EACH DATE OF SERVICE.**
- **BOTH PARENTS/LEGAL GUARDIANS ASSUME FINANCIAL RESPONSIBILITY OF ALL CHARGES AND FEES INCURRED, AND AGREE THAT PRIOR TO SERVICE ALL CO-PAYS, DEDUCTIBLE AND OTHER FEES MUST BE PAID IN FULL.**
- Payments will not be taken by **ANYONE** other than a parent or legally appointed guardian,
- We will not give out information to **ANY** third party other than the insurance company without written permission from the parent or legal guardian.
- All children accompanied by **ANYONE** other than a parent or legally documented guardian at time of service **WILL NOT** be allowed to attend their regularly scheduled session.

FINANCIAL POLICY

As a result of the added administrative cost of collection on all outstanding client balances, the client understands that all outstanding balances over 90 days, are subject to the following fees:

\$15.00 added monthly for all accounts balanced between \$1.00-\$199.99

\$29.00 added monthly for all accounts balanced between at \$200 or more

Wisdom Traditions understands the unpredictability of financial needs, and will do their best to work with each client on an individual basis, should financial arrangements made with Wisdom Traditions, and any default on such arrangement without prior notification or amendment, will result in immediate nullification of the previous agreement and transfer of account to a PAY IN FULL status. The client also understands that any outstanding account balances, at this point, are subject to additional collection activity at an additional rate of 25% of the total outstanding balance, to include late fees as well.

BY SIGNING THIS DOCUMENT BELOW, THE CLIENT AGREES TO ALL THE TERMS AND CONDITIONS AS STATES HEREIN.

Client Name (Print) _____

Client Signature _____

Guardian (if a minor) _____

Date _____

Witness _____

Date _____