

# Corina B. Going, ND

6212 75<sup>th</sup> Street West • Lakewood, Washington 98499 •  
(253) 983-8507

## **FINANCIAL POLICY**

### **INSURANCE**

Thank you for choosing naturopathic care as part of your health care! Please be aware that you are responsible to know your own insurance coverage. Insurances accepted include Regence, Premera, Lifewise, Aetna, Cigna, Group Health, KPS, and Uniform Medical; however each plan is different and coverages vary. Please check with your insurance company before your visit to find out your benefits for naturopathic care, including the amount covered, the number of visits covered, and whether Dr. Going is a covered provider with your plan. Please be aware of any copay and deductible for which you are responsible. We will bill your insurance company for you; a copay is due at the time of the office visit. Full payment is due if we are not billing insurance or you are paying the cash discount fee.

### **CANCELLATIONS**

We understand that circumstances do occur making it difficult to keep appointments, however, we ask you to notify us at least 24 hours in advance if you cannot keep an appointment. We charge a missed appointment or a cancellation less than 24 hours in advance at the regular visit rate. Unavoidable emergencies are considered exceptions.

### **PAGER & PHONE CONSULTS**

When the clinic is closed we are available by pager for urgent needs only. We charge \$25 per pager call.

Any phone consults done during regular office hours will be charged at \$10 for each 5 minutes. Phone calls for clarification of instructions given at your visit or for brief questions are not charged.

### **PHARMACY**

You are responsible for payment at the time of visit of any pharmacy items prescribed. For any refills on pharmacy items prescribed by Dr. Going, please call the office 24 hours in advance and we will put the supplement out in the cabinet for you. If the receptionist is not available to take your payment, please either give your credit card payment at the time of the order or leave a check at the time of pick-up.

### **RETURNED CHECK FEE**

A fee of \$25 will be charged for all returned checks.

### **PAST DUE ACCOUNTS**

Accounts older than 30 days are considered past due and will be subject to a \$5.00 finance charge per month.

I agree to the financial policies of Dr. Corina Going. In the case of default of payment, I agree to pay any legal interest on the balance due, collection of costs and reasonable attorney fees incurred to effect collection on this account.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian Signature  
(if patient is a minor) \_\_\_\_\_