

Corina B. Going, ND

3402 6th Ave • Tacoma, Washington 98406 •

Phone: (253) 341-9410 Fax: (253)-442-6144

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.** 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. Thank you for your understanding and patience with our decision to take credit card numbers of new patients. The number of new patient no-shows and late cancellations was creating an unfair situation for other new patients who were waiting up to a month for an appointment. Unavoidable emergencies are considered exceptions to this policy.

PAGER, PHONE, TEXT and EMAIL 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 a minimum fee of \$30 for up to 10 minutes and an additional \$10 per 5 minutes thereafter. Phone calls for clarification of instructions given at your visit or for brief questions are not charged.

Emailing is reserved for questions that can be answered by one email, are for clarification of a treatment plan or to check in with Dr. Going if she has requested that you do so. These will not be charged. Any email questions that require multiple emails or that are for a new condition will either be charged at the phone rate above or you may be asked to come in for an office visit.

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. Your payment will be collected at the time of pick-up. 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 rebilling 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 _____ Date _____
(if patient is a minor) _____