



FINANCIAL POLICY

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve this goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

1. On arrival, please sign in at the front desk and present your current insurance card at every visit. You will be asked to sign and date the file copy of the card. This is your verification of the correct insurance and consent to bill them on your behalf. If the insurance information is out-of-date, invalid, expired, or incorrect you will be responsible for payment which will be due immediately upon notice by SageMED. If you would like us to rebill on your behalf, there will be a \$35 rebilling fee.
2. According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances. These amounts are determined by your medical benefits, not by SageMED.
3. It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure, and what services are covered. Most plans cover naturopathic medicine, massage, and acupuncture in Washington State. However, some out of state plans, corporate plans, and Medicare do not cover these services; it is up to you to know if you have benefits for these services. If benefits are denied, you are responsible for payment in full. **Coverage and benefits disputes should be addressed to your insurance company, not SageMED office staff or physicians.**
4. If our physicians do not participate in your insurance plan, we may submit an **out-of-network claim** on your behalf. You may be responsible for the balance due depending on your out-of-network coverage. If you have trouble paying your balance you can contact us and request an out-of-network courtesy discount. We can almost always accommodate requests. However, these discounts are given on a case-by-case basis at SageMED's discretion and require immediate payment after the discount is given.
5. For scheduled appointments, prior balances must be paid prior to the visit.
6. If you have no insurance, payment for an office visit is to be paid at the time of the visit in order to qualify for our **Time of Service cash discount. Failure to pay will result in being billed the full list price.**
7. Co-payments are due at time of service, if you forget we will let you know and charge your card on file.
8. Patient balances are billed every two weeks; after we receive your insurance plan's explanation of benefits we will bill your card on file.
9. If we cannot process your card on file. Late Fees are as follows:
 - a. \$25 fee if paper statements are required (no card on file, no response to email invoice)
 - b. 3% monthly interest.
 - c. 30% collections fee if referred to third-part collection service for failure to pay within 90 days.
10. We require 24-hour notice for canceling any appointments. There is a **\$75** charge for missed or canceled appointments if a 24-hour notice is not given. This will be billed to your card on file only after you have been notified (we often waive this fee for illness or emergencies). This fee is also waived for SageMED Premium and SageMED Platinum members.
11. A **\$45** fee will be charged for any checks returned for insufficient funds.
12. Not all services provided by our office are covered by every plan. Any service determined to not be covered by your plan will be your responsibility. The following is a list of some, but not all, commonly requested services that are regularly *not* covered by insurance*. If you request these services you will be billed or asked to pay at time of service:



Service	Fee
Phone Consults	No charge for under 5 minutes \$5-10 minutes of medical discussion: \$25 11-20 minutes of medical discussion: \$50 21-30 minutes of medical discussion: \$75
Email Consult (no charge for emails to office staff unless a reply by a physician is requested). Follow up emails to physicians within 7 days of an office visit are free.	\$35 per 15 minutes of physician's time. Physician time includes reading queries, researching queries, and responding to queries.
Skype Consult	\$50 per 15 minute increment
Wellness Counseling (face-to-face, not related to illness or annual wellness exam)	\$35 per 15 minute increment
B12/Complex Shot	\$35
Nutrient IV therapy	\$35 per 15 minute increment plus actual cost of nutrients.
Legal Paperwork, Letters, and Forms with no appointment.	\$5 for the first page, \$10 per additional page
Custom Prescription requests with no appointment	\$65
Expired prescription renewal with no appointment (may be denied if follow up is necessary)	No charge for electronic refill requests \$10 if request made through fax sent by pharmacy \$35 if request made through office staff (phone or email)

*If these are services you use regularly, they (and much more) are included with the many benefits of a SageMED Plus, Premium, or Platinum Membership. More information about our premium service memberships is available at sagemed.co or at the SageMED front office.

I have read and understand this financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined above:

Patient Name(s) _____

Responsible party member's name

Relationship

Responsible party member's signature

Date



No more confusing medical bills, no more payment hassles, no need to send payment in the mail!

At SageMED, we require keeping a credit pre-authorization on file as a convenient method of payment for the portion of services that your insurance doesn't cover, but for which you are liable due to your deductible and coinsurance requirements. Your credit card information is kept confidential in a cloud-based portal installed and guaranteed to be secure by Stripe, a world leader in payment processing technology. We do not have access to your credit card number, only a standing payment authorization. Payments to your card are processed only after the claim has been filed and processed by your insurer and the insurance portion of the claim has first been paid and posted to the account. You will be notified by your insurance company in your Explanation of Benefits before you are charged. You will also be notified by email of charges made to your account. Please remember that SageMED only charges what your insurance company tells us to charge you. If you disagree with a charge please first contact your insurance company and review your explanation of benefits.

I authorize SageMED to charge the portion of my bill that is my financial responsibility to the following credit or debit card:

☐ Amex ☐ Visa ☐ Mastercard ☐ Discover

Last four digits of credit card* _____

Expiration Date ____ / ____ / ____

Cardholder Name _____

Billing Address _____

City _____ State _____ Zip _____



I, the undersigned, authorize and request SageMED to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility or denies due to non-coverage. This authorization relates to all payments not covered by my insurance company for services provided to me by any healthcare provider at SageMED. This authorization will remain in effect until I cancel this authorization. To cancel, I understand I must give a 60 day notification to SageMED in writing and the account must be in good standing.

Patient Name (Print): _____

Patient Signature: _____ Date: ____ / ____ / ____

*Please hand card to receptionist for pre-authorization after handing in this form.



Frequently Asked Questions

Can I decline to keep a pre-authorization on file?

No, we will be phasing out our paper system completely by the end of the year. Our goal is to get 100% of our patients enrolled into our new system. We would strongly prefer not to have to keep using two separate billing systems. If you have more concerns that have not been answered below please speak to our clinic director, Dr. Wheeler.

Why the switch? I like getting snail mail and sending checks.

We are going green! We send over a thousand statements per month, each averaging 2 pieces of paper and 1 envelope. That is one tree worth of paper every 3 months.

Postage is pricey! Each statement costs about a dollar to process, stuff, and mail. By keeping costs low we can continue to offer our very reasonable cash prices, extended visit times, and higher wages for our excellent admin staff.

People aren't paying their bills! Aside from the environmental and fiscal benefits, this decision was finalized when the amount of accounts that were 3 months or more overdue exceeded **40%**! Imagine you own a restaurant and 40% of the people who eat there take over 90 days to pay and 4% don't ever pay. Because of dramatic changes in healthcare policies many people now have very high deductible plans and are responsible for 100% of the first 5-10 thousand dollars' worth of care. Unfortunately, many people don't understand how high deductible plans work and are surprised that they have to pay anything...so they don't. Many clinics simply use collection agencies to keep this number down, but we prefer to keep things friendly.

Can't you just keep using the email statements you having been sending?

When we first added the option of email statements over 2 years ago we thought that would be the end of paper statements. Unfortunately, 40% of those e-mail statements are going ignored.

What if I don't have a credit or debit card?

If you do not have a credit or debit card, a one-time billing fee of \$25 will be added to your account for any balances that we must attempt to collect through mailing monthly statements. Furthermore, any outstanding balance charge of 3% percent of the total bill will be charged for each month that the bill remains unpaid.

What if I am only here to get treatment for a motor vehicle accident for which someone else is at fault?

You are still ultimately responsible for paying for the services you receive here. However, no charges will be made to your account until 90 days after your treatment has ended in order to give you time to settle your case.

What if I prefer to see the bill first then decide if I should pay? What if you or my insurance make a mistake?

Remember that you have already received the service and you have signed our Financial Policy Agreement stating you have checked your benefits prior to receiving service. Payment is not optional! Regardless if your card is on file or not, the same payment is due. If there was a mistake, we will gladly refund your money as soon as you get the issue resolved with your insurance company, and our billing specialists with help you every step of the way. Please remember that we accept insurance as a courtesy, at great expense to our clinic and sanity, and we only bill you what *they* tell us to. Any complaint about coverage should first be made to your insurer.