

Clinic Fees and Policies

Fees:

Our fees vary depending on the length of visit, the medical complexity of the case, and the age of the patient. Below is a sampling of our fees for established patients. You are welcome to know what the charge is for any given service. Please ask for a copy of our fee schedule if the service you need is not listed below.

Office visits: Diagnostic or problem based services are any evaluation of a health concern/symptom or ongoing treatment and monitoring of an existing health condition or concern.

	Established Patients	New Patient
Office visit, brief (10min)	\$64	\$109
Office visit, simple (15min)	\$105	\$159
Office visit, regular (25min)	\$156	\$240
Office visit, extended (40min)	\$209	\$299

Preventive Medicine Visits: Includes a physical exam along with age-based screenings, health maintenance advice, immunizations, and assessments of growth/development as defined by the Affordable Care Act. You must schedule a separate appointment to address health concerns and a separate fee will apply.

	Established Patients	New Patient
Well child visit	\$144-\$168	\$162-\$197
Adult Annual Exam	\$171-\$198	\$192-\$242
Immunization	\$23-\$90	\$23-\$90

Telemedicine visit: We offer telemedicine visits to established patients when an office visit is deemed unnecessary or impossible. Some insurance plans cover telemedicine visits. Please check your plan.

Telephone consultation: We provide telephone consultations for established patients when an office visit is deemed unnecessary or impossible. The fee is \$25-\$75 depending on length or complexity of the call. The fee applies when the patient calls for advice regarding a new health concern. There is no charge if the patient is advised to come in for an office visit within 24 hours, is calling at the doctor's request, or is calling for a simple clarification of on-going therapy. Telephone consultations are often not covered by most insurance companies.

After hours/pager fee: Established patients may page the doctor on call after hours for medically urgent concerns. There is a \$45 after hours pager use fee. This fee can not be billed to your insurance.

House Calls/Travel Fee: We provide home visits when necessary. There is a travel fee of \$2.50 per mile, in addition to the visit fee. Some insurance companies cover house calls. None that we know of will cover the travel fee.

Prescription refills: During an office visit we will take care of your medication refills. We will provide you with enough refills to last until your next follow up appointment. For some medications you may only need to be seen once per year. For other conditions, we need to see you more frequently for monitoring. These follow up appointments are very important and necessary to ensure that the medication is still the most appropriate choice and dose for your condition. Our schedule fills up quickly, so please schedule your follow up appointment right away to make sure you can get in to be seen before your prescription runs out. If you are running low and have no refills remaining, it means you are past due to be seen.

In the event of extenuating circumstances that prevent you from making it to your follow up within the recommended interval, you may request an extension of your prescription. To request a prescription extension, please call the clinic during normal business hours. For a prescription extension to be authorized, you must be on the schedule for a follow up appointment. The clinic staff will then need to review your health history and most recent labs. If the request is approved, we will send the pharmacy an order for enough medication to last until your scheduled appointment. There will be a \$30 charge for this service. These charges cannot be billed to your insurance and therefore would be an out of pocket expense.

We cannot accept refill requests via the after hours pager.

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Fees for Forms: There is a fee to have your provider fill out forms (such as sports physicals, school medication instructions, or life insurance questionnaires) outside of an appointment. Fees depend on length and complexity of the forms. Please ask office manager for estimate and turn around time.

Cancellation fees: We are reserving resources and time for you. Please give us at least 24 hours notice if you can't make it. Appointments cancelled with more than 24 hours notice incur no charge. There will be a \$50 fee for appointments cancelled with less than 24 hours notice. A full office visit fee will be charged for failure to provide any notice of cancellation. This charge is your responsibility, as insurance companies do not pay for missed appointments.

Insurance: We will bill your insurance on your behalf if you have coverage with an insurance company with whom we are contracted. Please understand that your insurance policy is a contract between you and your insurance carrier, whereas this financial policy is an agreement between you and your doctor. We are committed to always advising individuals and families about what is in the best interest of their health regardless of their health insurance company's policies, coverage, and definition of medical necessity. Therefore you may not have coverage for some of the therapies and services we offer. It is your responsibility to understand what your health insurance covers and what it does not. You must pay the clinic directly for any service not covered by your insurance. If your insurance plan requires that you have a referral to see us, it is your responsibility to make sure you have the referral on file with your insurance company before your appointment. *Co-payments must be made at the time of service.*

Discounts: We offer a 20% discount for patients paying in full by cash or check at the time of service. We offer a 35% discount for Bastyr students or those experiencing financial hardship. Documentation of hardship/student status and full payment by cash or check at time of service are required.

Payment policy: Payment is expected at the time of service. When a child is seen, payment is expected from the parent who accompanies the child to that visit. After insurance billing, you will receive an invoice if additional payment is due. Payment is due upon receipt. You may pay your bill in office with cash, check, money order, Visa, Mastercard, or HSA card. You may pay your bill remotely by mailing a check or through your bank's online bill pay service. We do not normally accept credit card/debit payments over the phone. There will be a convenience fee of \$2.50 to pay with a credit card over the phone.

A late fee will be assessed if there is failure to make payment within 30 days. Failure to pay may result in the unwillingness of our clinic to provide you or your family with medical services in the future, and your account may be referred to collection services. A \$25 dollar fee will be charged to your account for NSF checks.

Records Request Policy

- Under federal law, we must have a signed authorization to release confidential health care information. *We cannot release medical information over the phone or via email.*
- It can take up to 14 business days to process the records request, although we will make every reasonable attempt to produce records promptly for emergency or urgent care situations.
- As it takes significant staff time and office resources to search for, select, duplicate, mail, and re-file patient records, it is not a service our office can provide free of charge. Our fees are well below the levels stipulated in the WAC 246-08-400 and RCW 70.02.010 which dictate how much health care providers may charge for searching and duplicating health care records.
- **General Records Requests:** Here is a link to our general records release form: <http://toltfamily.com/wp-content/uploads/2015/05/TRFM-Records-Release.pdf>
- **Immunization Records Request.** We provide families with a Lifetime Immunization Booklet and encourage families to keep it up to date as you will need access to it regularly for school/camp registrations or travel. Each time your child receives a vaccine make sure you write it in the booklet so that you have a complete record and can avoid having to pay for records request fees. Here is the link to the Immunization Records Request form: <http://toltfamily.com/wp-content/uploads/2017/03/TRFM-Vaccine-Records-Release-immunization.pdf>
- Please fill out the appropriate form and return it to our office. We will request receipt of payment prior to preparing your documents.

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Records request fees:

- Records faxed to another licensed health care practitioner's office: **No Charge**
- Records Request released directly to the patient/parent, the school, attorneys, life insurance agents or other non-healthcare providers:

Immunization Record Only

\$10 handling fee plus tax

Other Records Request**1-10 pages:**

- \$15.00 handling fee plus tax

More than 10 pages:

- \$15 handling fee
- plus \$0.80 per page plus tax and postage

Patient Portal: You may elect to register for PatientAlly for access to your treatment instructions and lab reports. You may also elect to register with LabCorp.com to directly receive copies of your lab reports. Please ask the office manager for more details if interested.

Fullscript: You may elect to register with Fullscript.com for convenient access to supplement prescription refills and home delivery.

Consent for Treatment

Tolt River Family Medicine is an integrative medical clinic providing primary care and urgent care services to families. Your diagnosis and treatment may include any or all of the following general modalities: health history interview and records review, diagnostic imaging or labs, physical exam, psychological counseling, lifestyle counseling, exercise prescriptions, herbal medicine, pharmaceutical prescriptions, nutritional supplements, dietary advice and therapeutic nutritional counseling, minor surgery, soft tissue and osseous manipulation or acupuncture.

I understand that if I have been diagnosed with a cancer or malignancy, I am required to be under the care of an oncologist while receiving primary care at Tolt River Family Medicine.

I understand that I need to inform my provider if I am or become pregnant. I understand that if I am pregnant, I am required to be under the care of a licensed maternity care provider while receiving primary care at Tolt River Family Medicine.

I understand that I may ask questions regarding my treatment before signing this form and that I am free to withdraw my consent and to discontinue my care at Tolt River Family Medicine at any time by notifying my provider. With this knowledge, I voluntarily consent to care, realizing that no guarantees have been given to me by Tolt River Family Medicine or any of its personnel regarding cure or improvement of my condition.

I understand that a record will be kept of the health services provided to me. I have reviewed the clinic's privacy policy. I acknowledge that I have read and fully understand the clinic financial and privacy policies. All of my questions have been answered. I agree to the above stated fees and give my consent for care at Tolt River Family Medicine.

Printed Name of Patient

Printed Name of Guardian

Signature of Patient or Guardian

Date signed