

CENTER FOR TRADITIONAL MEDICINE,P.C.  
**FINANCIAL POLICIES**

Please take time to read and sign this financial responsibility statement before your first visit.

**PAYMENT POLICY:**

All account balances are due at the time of service. Prepayment is required to secure a scheduled new patient appointment. We reserve the right to not extend credit, as this is not a service we guarantee. We accept cash, checks, Mastercard, American Express, and Visa.

**INSURANCE POLICY:**

We are not preferred providers for insurance companies with the exception of Pacific Source . We do not offer billing services for other insurance companies. If requested, we will provide you with the proper paperwork to submit on your own for reimbursement.

Please confirm your insurance coverage with the front desk staff before coming in for your first appointment. Due to the variability of insurance coverage in general and for Naturopathic coverage in particular, we strongly suggest you call your insurance provider to determine which services might be covered in your policy, and to what extent. For the insurance company we do bill for, all co-pays, deductible amounts and uncovered service charges are due at the time of service.

**INTEREST FEES:** There is no interest or finance charge on current accounts. After 60 days , all accounts are subject to a monthly finance charge of 2.0% of the unpaid balance , which is an annual percentage rate of 24% (or a minimum charge of \$1.00).

**MISSED / LATE CANCELLATION APPOINTMENT FEES:**

We require two full working days notice for rescheduling or canceling new patient appointments. This requirement must be met to enable us to refund any prepayment. The fee for new patient appointments scheduled for a one hour slot for Dr. Peterson is \$ 268.00. The fee for new patient appointments scheduled for 1/2 hour slot are \$198.00.

One full working day is required to change or cancel return visits for established patients with Dr Peterson. The missed/ late cancelation fee for established patients for a scheduled 1/2 hour slot is \$66.00 The fee for a scheduled 15 minute slot is \$40.00.

We may charge for missed return appointments, or appointments not canceled or rescheduled within the time frame stated above.

**ACKNOWLEDGMENT:**

I have read this financial policy statement and understand its terms. I understand that delinquent accounts may be assigned to a credit reporting collections service. If it becomes necessary to pursue collections of any amount owed, I agree to pay for all costs and expenses, including reasonable attorney fees. There will be a \$50.00 fee added to any accounts referred to collections. I here by authorize the Center for Traditional Medicine, P.C. to release any information necessary to secure payment.

Print Patient's Name:\_\_\_\_\_ D.O.B.\_\_\_\_\_

Responsible Party\_\_\_\_\_ Relationship to patient\_\_\_\_\_

Signature of responsible party\_\_\_\_\_ Date\_\_\_\_\_

Social Security Number of Responsible Party:\_\_\_\_\_

Revised 05/10