

Dr. Alice Holman

Naturopathic Doctor and Acupuncturist

410 Bellevue Way SE, Suite 202 • Bellevue, WA 98004

Phone: (425) 641-0555 • Fax: (425) 462-1802

Welcome and thank you for choosing this visit with Dr. Holman.

Payment Policy

All services are payable at the time they are received.

You are responsible for co-pays and deductibles at the time of service.

We accept cash, checks, Visa and MasterCard.

Insurance: Knowing what your insurance plan covers prior to your visit will prevent any unwanted surprises. Dr. Holman is a preferred provider for Premera Blue Cross, Lifewise, Uniform Medical and First Choice only. For Acupuncture, Dr. Holman is not a preferred provider. If your insurance policy has an annual deductible amount that has not been met, we will first bill your insurance company. They will notify us, and you of the visit amount that will apply towards your deductible. We will then bill you for the amount due allowed by your insurance.

For all other insurance companies, full payment must occur at the time of service. We will give you a fee slip, which you may submit to your insurance company. This does not guarantee reimbursement by your insurance company.

If your plan requires a referral to see Dr. Holman, it is your responsibility to obtain that referral prior to your visit.

Fees: The fee for your office visit depends on the complexity of the visit. Please see the back of this page for more detail. If you have any questions, please feel free to ask.

Appointments: Dr. Holman spends a great deal of time with each patient. If you were to miss your appointment, that block of time may remain unfilled leaving Dr. Holman uncompensated. Missing or canceling your appointment without giving at least 24-hour notice will result in you being charged a \$55.00 fee. This fee will be your responsibility and will not be billed to your insurance company.

I acknowledge that I have read and fully understand this financial policy. I agree to the above stated fees and charges. All of my questions have been answered.

Signature of responsible party

Date signed