

## Financial Policy

Thank you for choosing West Seattle Wellness to support yourself care and your health services. We are committed to providing you with the highest quality of care, and that includes clear communication. This statement is to inform you of your financial policy. Our financial policy is intended to offer transparency in our agreement with you specific to your treatment and clarify your financial obligation in an effort to create efficiency and minimize administrative costs.

When booking a cash pay appointment, it is customary and expected for you to pay for the service the day you receive it. You may also opt to purchase a package prior to your first appointment and we track your credit toward services. We accept cash, credit card and checks. If a check does not clear your bank, we will charge a \$25 fee that you will be responsible for.

When booking an appointment and requesting your insurance to be billed, we all are hopeful the process will go smoothly, and your insurance will cover the charges. We are happy to bill your insurance as a courtesy to you, and can submit your service insurance claim forms and appropriate documents. The understanding is that you have the appropriate plan to cover your services. Your insurance may request additional information and we may reach out to you for that. Your typical obligations include any deductible and co-payment if either apply, which is the estimated patient obligation or amount not covered by your insurance plan at the time of service. We emphasize **this is only an estimate based on your plan and not a guarantee of payment**. Once your insurance plan processes the claim request, you agree you are responsible for your patient obligation - including allowable charges if your insurance denies your claim. For full coverage and explanation of your benefits, contact your insurance provider indicated on the back of your insurance card.

If your deductible has not been met, the fee will be \$85.00 if paid at time of service, or will be the allowable amount your insurance indicates has been applied toward your deductible. If it has been met, the co-pay will be collected. The back of your card will generally state your co-pay. If your card does not and you do not know your co-pay, a minimum of \$15.00 will be collected. (You can opt to pay more if you believe your co-pay is more than \$15.00.) If the co-pay results in a higher amount, we will send you a bill via email for the balance for you to pay.

**If your insurance denies payment, then you are responsible for the applicable appointment charges and will be billed the allowable amount dictated by your insurance plan.** It is important for you to understand your obligation if your insurance denies payment, and your signature below indicates you are aware of and agree to your obligation. For your convenience, we have outlined the steps for you to call and verify your own massage benefits and coverage. *Insurance companies have a wide variety of rules, plan limitations, and exclusions that our office may not be aware of. Not all services are covered benefits in all contracts. It is your responsibility to thoroughly understand the coverage and expectations of your particular policy.* Let us know if you need help locating the verification form on our website that we have provided for you.

### Initial to acknowledge you understand each item listed below:

\_\_\_\_\_ I have read and understand my responsibility. If my insurance company does not pay my claim, I will pay for the service.

\_\_\_\_\_ I understand that a deductible and/or coinsurance may apply and I am responsible to personally pay that amount.

\_\_\_\_\_ I have not called my insurance company, or I'm unsure of my benefits. I would prefer to pay for this service out of pocket at the cash rate - \$85/hour (\$115 for 90 min). I ask that West Seattle Wellness submit a claim for this service and if the claim is paid, I will have a credit of \$85 or \$115 to apply toward and co-pays or out of pocket expenses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date