



## Insurance-Financial-Office Policies & Consent to Treat (2021.1)

### Insurance Billing and Financial Policies

I hereby authorize the release of medical information necessary to process insurance claims for current and future claims without obtaining my signature on each claim. This may include intake forms, chart notes, reports, correspondences, billing statements and any other information as required to process claims. I understand that it is my responsibility to understand my insurance coverage and that I am financially responsible for all charges assigned to me or denied by my insurance company or for all charges if we are not billing insurance.

#### ***Additionally, please note the following:***

Motor vehicle accidents and workers compensation issues are billed differently. Please notify me immediately if you are being treated under one of these claims.

Appointments that are not attended or rescheduled with less than 24 hours notice are subject to a missed appointment fee of \$50. New patient appointments that are missed or rescheduled with less than 24 hour notice are subject to a missed appointment fee of \$100.

After repeated missed or rescheduled appointments (with less than 24 hour notice), patients may be required to pay a deposit to schedule future appointments.

Missed appointment fees are not covered by insurance and are your responsibility.

To provide the best possible naturopathic care, visits with your provider tend to be more detailed and longer than visits with other providers. Insurance company policies vary in coverage for prolonged visits. Please reference my Insurance Verification Form for more information. If your insurance does not cover prolonged visits, please discuss this with Dr. Rogers for scheduling options.

Returned checks are subject to a \$35 fee. This fee is not covered by insurance and is your responsibility.

Please contact my billing department, EMBS for questions regarding your insurance billing.

Accounts more than 90 days in arrears are subject to collection. The key to avoiding this is communication. I WILL WORK WITH YOU, just talk to me.

For uninsured patients or patients with insurance for whom I am out-of-network, payment in full is due at the time services are rendered. I may offer a discount to patients who pay in full at the time of service. Any visit that is not paid for in full will be billed at my regular undiscounted fee.

### Office Policies



The goal of my clinic is to provide a safe, serene and respectful environment for everyone. To that end, please note the following: I do not offer childcare in the clinic. Please do not leave children unattended. For office visits where sensitive physical exams or physical medicine such as acupuncture are being performed, I recommend that you do not bring your children to the clinic. This office is a cell phone-free zone. Please take any calls before arriving at the office and silence all cell phones upon entering the clinic. Please respectfully comply with requests by staff and your provider. I appreciate your participation in co-creating our healing environment.

### **Email, Patient Portal and Communications**

I do not recommend using direct email to contact me and instead recommend that patients utilize Charm's portal feature to establish secure communication. If this is not available, please call the office as your primary means of communication. Please note that messaging me through the portal is not recommended for urgent issues. For all urgent issues, I recommend calling the clinic during business hours. My scheduling software generates email to patients to confirm and remind you of your appointments and from time to time to alert you that it is time to schedule. Please open and read all emails from Dr. Rogers to ensure that you receive any important information and to verify that your scheduled appointment times are correct. You may text me with a scheduling question or to let me know you've arrived at the clinic. Please do not text any health information or questions because it is not HIPAA compliant and I will not be able to respond.

### **Informed Consent for Treatment**

I hereby authorize Dr. Wendy Rogers, Foundations for Health LLC, to perform procedures within her scope of practice as necessary to facilitate my diagnosis and treatment, including common diagnostic procedures e.g., UA, referrals for radiography or laboratory; medical use of nutrition; western botanical medicine; lifestyle counseling including recommendations for exercise, sleep, stress reduction and the use of patent or compounded prescription medicines. I recognize the potential risks of these procedures including allergic reactions to prescribed herbs, supplements or medicines; side effects of natural or pharmaceutical medicines and the inconvenience of lifestyle changes. I recognize the potential benefits of treatment including restoration of health and the body's maximal capacity, relief from pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression. I will be given a chance to ask questions prior to any new procedures and will consult my provider with any questions or concerns immediately. With this knowledge, I voluntarily consent to treatment realizing that no guarantees have been given to me by my naturopathic physician regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time. I further acknowledge that changes in my medication, condition or pregnancy status may affect the safety of treatment and agree to inform my doctor immediately upon such changes.

***I understand the following:***



**Foundations for Health**  
**12570 SW 69th Ave, Ste 101**  
**Tigard, Oregon, US - 97223**

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- Dr. Rogers is licensed to prescribe controlled substances but will only do so to a very limited degree and will not prescribe opioids.

- US Food and Drug Administration has not approved nutritional, herbal and homeopathic substances; however these have been used widely in Europe, China and the USA for years.

- Dr. Rogers is not a psychologist or psychiatrist and counseling services are provided for the support of improved lifestyle strategies.

***Your signature here implies your understanding and agreement to abide by all policies as outlined in addition to consent for treatment as described.***

Patient Name: \*

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Date of Birth: \*

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**PATIENT OR PARENT/GUARDIAN**

**SIGNATURE**

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Date:

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