



# Heidi Peterson, ND

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## PAYMENT POLICY & INSURANCE BILLING

As a patient service, I bill insurance companies. I make no guarantees about insurance coverage. I recommend that you call your insurance company and confirm that you have Naturopathic Coverage that covers Heidi Peterson, ND. **Full payment of fees or co-payment is expected at the time of service.** If you have not confirmed coverage, I will expect full payment at time of service. I will refund you if your insurance pays me. Please bring your insurance card and we will make a copy for billing purposes. I suggest when you call your insurance company to verify your benefits that you record the date and the name of the person with whom you spoke.

Date \_\_\_\_\_ Insurance representative: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Covers Heidi Peterson, ND?  Yes  No

Preferred laboratory: \_\_\_\_\_

Does your insurance company pay for alternative providers?  Yes  No

Does your insurance company pay for non-contracted providers?  Yes  No

Date fiscal year begins: \_\_\_\_\_

Extent of coverage for patient:

Percentage patient pays: \_\_\_\_\_ Or copayment amount for patient: \_\_\_\_\_

Yearly deductible: \_\_\_\_\_ Family deductible: \_\_\_\_\_

Deductible met current year: \_\_\_\_\_ As of date: \_\_\_\_\_

Is there a maximum payment per visit? \_\_\_\_\_

What is the maximum benefit per year? \_\_\_\_\_

What is the effective date of coverage? \_\_\_\_\_

Are there any procedures that policy does not pay for naturopathic physicians? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any conditions or illnesses that policy does not pay for naturopathic physicians? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance will pay only what is allowed according to their policies. You will be billed for Dr. Peterson's services in full if she does not have a prior arrangement/contract with your insurance company to discount part of her fees. If form is not completed in full, you will be asked to pay for your visits at time of service.

Last minute cancellations of scheduled appoints are difficult to fill and costly. Therefore, I ask that cancellation be made at least 48 hours to your appointment. Appointments missed or cancelled in less than 48 hours will incur a 50% charge. Exceptions to this policy may be made for emergency situations on a case by case basis.

\_\_\_\_\_ I have read the payment policy and accept responsibility for payment.

Patient signature: \_\_\_\_\_ Date \_\_\_\_\_