

CLINIC POLICIES

Cancellations and Missed Appointments

If you are unable to make your scheduled appointment, please call at least 24 hours in advance of your scheduled time. You will be charged a \$50 missed appointment fee if you miss a scheduled appointment, or fail to cancel at least 24 hours in advance. If you miss your first appointment without giving 24 hours notice, you will be asked to put down a deposit of \$50 to reschedule; this deposit will apply towards your first visit.

Product Returns/ Medicinary

No refunds or credits will be given on any supplements, opened or unopened. We cannot resell supplements that have left the office, since we cannot guarantee that these items were protected from conditions that might affect their quality or integrity.

Payment Agreement

Payment for all services, tests, and medicinary items (that are not covered by your insurance) are due at the time of service. Cash, check, and credit are accepted. Returned checks will be subject to a \$35.00 NSF fee.

If we are not billing insurance then you are responsible for your balance at the time of your visit.

You will receive a time of service (TOS) discount on these visits. You are responsible for your co-pay at the time of service. Your insurance might pay only a portion of the charge for your treatment; you are responsible to pay for any balance on your account. You will be billed for the remainder once payment and explanation of benefits from your insurance has been received.

Non-covered Services Waiver/ Acknowledgement

Medicare currently does not contract with, or cover alternative care (CAM) providers; any services provided as a Medicare member will be of full financial responsibility to the patient.

Dr. Schulz is contracted with open card members on the Oregon Health Plan; any services provided to will be billed to OHP. However, OHP may not cover some services or procedures and preauthorization may be required.

Other Services/ Supplies/ Supplements

Any and all supplements, supplies, herbs, formulas, etc. purchased from Dr. Schulz are of full financial responsibility with payment to be made at the time of service. Treatment/services such as physical medicine techniques and injections are sometimes not covered by insurance carriers, and are the patient's financial responsibility (*except where specifically determined by the insurance carrier as included in the primary treatment/service being rendered and clearly stated in the insurance contract with the treating provider*).

It is the patient's full financial responsibility to pay for any charges previously covered/paid by an insurance carrier to the provider which: 1) is later deemed by the insurance carrier to not be "medically necessary", and 2) has resulted in a partial or full refund request by the insurance carrier from Dr. Schulz.

I have read and understand the above-stated policies. I give Dr. Schulz and staff my permission to communicate with my health insurance for billing purposes.

Signature: _____ Date: _____

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