



Wolfeboro Naturopathic Medicine
646 Center Street, Wolfeboro, NH 03894
Phone: (603) 569-5545 Fax: (603) 569-0545
www.wolfeboronaturopathic.com

FINANCIAL POLICY

PAYMENT IS DUE WHEN SERVICES ARE RENDERED

SCHEDULE OF FEES AND SERVICES

Dr. Steve Clark, N.D.

Hourly rate: \$260

New Patient and Established Patient Visits:

15 min	\$65
30 min	\$130
45 min	\$195
60 min	\$260
90 min	\$390
120 min	\$520
Blood draw charge	\$50

Physical medicine appointments follow the above fee schedule.

CHECK-IN AND PAYMENT PROCEDURES

Please check in with the front office prior to each appointment. The staff will let you know when we are ready to start your appointment. At the end of your appointment, proceed to the front office where you will be provided an itemized Service Summary invoice. We accept cash, check, MC, VISA, or Discover. We add a 1% surcharge for AMEX due to higher merchant rates. The Service Summary will be returned to you as your receipt.

Note: In the case of a pandemic, guidelines from the CDC and WHO regarding medical offices will be followed. This includes the use of masks, social distancing and other safety precautions.

INSURANCE

Insurance companies may have specific policies or riders that cover naturopathic services. It is the patient's responsibility to ascertain this. The office of Wolfeboro Naturopathic Medicine will not bill insurance directly and is not contracted with any insurance company. Health insurance claim forms (HICFA) are available upon request. Please request a HICFA form directly from staff during your appointment. You can submit this HICFA directly to your insurance in attempt to get reimbursed, however reimbursement is not guaranteed. Wolfeboro Naturopathic Medicine does not otherwise assist with reimbursement efforts or communicate directly with your insurance company. If information beyond a coded bill is requested, *we will charge our*

regular billing rate to process those requests. This includes but is not limited to: pre-approvals, release of records, documentation for motor vehicle accidents, workers compensation or paperwork related to testing, treatments or prescriptions.

PHONE CONVERSATIONS

In accordance with RSA § 310:7 Dr. Clark is a licensed Naturopathic doctor in the state of New Hampshire, and I the patient, confirm I am located in the state of New Hampshire for the first appointment, whether that be physically in person or via telehealth.

Dr. Clark shall be authorized to provide consultation services or follow-up care via telehealth to a patient who previously received services from the provider in the state of New Hampshire where the provider is licensed.

If you call for clarification regarding a recent visit, we will do our best to clarify the information presented in that appointment. Patients calling about new conditions, acute conditions, review of previous treatments, or expanded conversations, will be directed to schedule a follow-up appointment. If you are unsure whether or not there will be a charge for the doctor's time, please ask. Phone and video appointments are available and are billed at the same rate as in-office appointments. The amount of time it takes to clarify your notes, prepare and ship medicinal items, prepare lab kits and requisitions, etc., will be added to the Service Summary.

We are unable to accommodate international appointments due to the difficulty in processing medical requests and treatments. The State of New York places extensive restrictions on health care including testing and services. Accepting residents of New York as patients is at the discretion of the staff of Wolfeboro Naturopathic Medicine.

MEDICINARY

We are unable to dispense any medicinal items without payment. Please plan ahead in refilling your medicines. Twenty-four hours advance notice will help the doctors and staff manage our time in preparing your order. Staff will not dispense new medicinal items for patients without Dr. Clark's approval.

UNOPENED items may be returned to the office for refund or exchange within 30 days of purchase only if the product was properly cared for (e.g. probiotics were stored in cool temperatures). Our staff reserve the right to determine if a product is restockable and eligible for refund or exchange. Custom tinctures and special order items are not returnable. We change inventory pricing based on our costs and current market value, and prices are subject to change. We do not ship inventory internationally.

LABS

Under no circumstances will labs be sent out without payment first. Please be prepared to pay for your lab work the day it is performed. Our test prices fluctuate according to what we are charged, and are subject to change without notice. You may request a refund for a test that was purchased but not completed within one year from the date of purchase. In most cases the test kit will not need to be returned, but it must be disposed of properly after a refund is issued. In some cases a laboratory or hospital can submit your test cost directly to your insurance provider. The cost of those tests change when the laboratory or hospital submits your invoice directly. If direct insurance billing options are available, it is at the patient's discretion to select that service.

We will still charge a phlebotomy fee and/or lab preparation fee for labs that are billed directly to your insurance. Other costs incurred beyond phlebotomy or preparation will be billed from the lab or hospital, directly to you at your home address. You, the client, will be responsible for all charges and fees incurred using direct insurance billing. Wolfeboro Naturopathic Medicine is in no way responsible for coverage, or lack thereof, for those test services when laboratories bill your insurance directly.

CANCELLATION POLICY

Your appointment time is reserved for you. Please be courteous and give us 24 hours notice if you are unable to make your appointment. This allows us to help as many patients as possible. We understand that occasional emergencies and illnesses result in missed appointments. *We reserve the right to charge for repetitive missed appointments without appropriate notice.* The charge for missed appointments will start at \$50, though may be higher based on the length of missed appointments and number of appointments missed, not to exceed \$200.

REVIEW OF RECORDS

If you are able to obtain copies of past lab results, please bring them to your first appointment. *In the event that you have an extensive history of health issues that requires a significant amount of the doctor's time to review, time will be billed according to the doctor's fee schedule.* This includes but is not limited to review of complex testing or extensive case history.

SPECIAL ORDERS

We are happy to try to obtain special medicinary or prescription items that we don't typically stock. Please give us plenty of advance notice. We will require payment prior to ordering said items. We do not allow returns of special order items.

RETURNED CHECK FEE AND LATE PAYMENT.

There will be a returned check fee of \$30. If for some reason you are late in payment, or there are other "disruptions or delays" in payment, an additional 10% will be added to the monthly balance. Wolfeboro Naturopathic Medicine does not accept payment plans.

RIGHT TO DISCONTINUE CARE

The doctor/patient relationship is sacred at Wolfeboro Naturopathic Medicine. Dr. Steve Clark, N.D. has the right to discontinue care for any patient at our discretion. Reasons to discontinue care include but are not limited to: interacting with the staff in a hostile or inappropriate manner, skipping appointments without notice, non-payment, or acting in any manner that causes us to feel unsafe. This process will be accomplished in writing and is non-reversible. Discontinuation of care for one practitioner will extend to all practitioners and will also include access to medicinary items, prescriptions, lab requisitions and all provided services. Federal law allows you access to your medical files which will be sent to you or a different practitioner responsible for your care provided proper Release of Records paperwork has been filed.

I have received a copy of the above Financial Policy.

Patient Signature

Date

If you are a minor, or if you are being represented by another party:

Representative (Printed)

Representative Signature

Date

Description of authority of person acting on behalf of the patient:_____