

**EVERGREEN CENTER FOR INTEGRATIVE MEDICINE**

2008 Northeast 65<sup>th</sup> Street

Seattle, WA 98115

Telephone 206-729-0907

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**CLINIC POLICIES FOR DR. BECKY ANDREWS**

In order to establish clear communication and understanding, the following are our office policies regarding fees, payments and scheduling. Each practitioner is a sole proprietor and sets her own schedules and fees.

**FEES.** Fees are set by each practitioner. You have the right to ask what those fees are prior to the visit. If the visit runs over time you may be charged for the extra time unless the practitioner decides otherwise.

**INSURANCE.** Dr. Andrews is covered by many insurance policies. It is your responsibility as a patient to make sure that your insurance policy covers the treatment you are receiving. If any treatment is not covered by your insurance policy, you will be responsible for payment of fees.

**PAYMENT.** Payment is due at the time of service for office visits and pharmacy products that are not covered by insurance. Any insurance co-payments are also due at the time of service. Dr. Andrews accepts checks, cash, visa and mastercard. Invoices and receipts are available by request. Insurance billing is not done in-house. Most questions about insurance billing will be routed to Dr. Andrews billing service.

**RETURNED CHECK FEE.** There is a \$25 fee for each returned check.

**APPOINTMENT CANCELLATIONS.** When you schedule an appointment we reserve that time especially for you. We do not double-book patients except in emergencies. We ask that you respect our time by providing 24- to 48- hour notice of cancellation. If you do not provide at least 24-hour notice of your intent to cancel an appointment, you will be charged \$35 for a half hour appointment and \$50 for an hour appointment. We will do our best to run on time as we realize that you have busy lives and schedules. We appreciate your patience as we try to give each person the best possible care. You may want to call ahead to find out whether or not your practitioner is on time.

**PHONE CONSULTS.** There is no charge for brief questions that can be answered by the staff or a doctor. If you are calling about a new or more involved health concern, you may be asked to schedule an appointment or you may be charged for a phone consult.

**RETURNED MEDICINE.** You may return unopened medicine within thirty days of purchase for a refund except for the following items: any acidophilus products, suppositories, compounded hormones and amino acids, and specially ordered or assembled items.

We maintain a scent-free environment, out of respect for patients with allergies and sensitivities. We ask that you refrain from wearing perfumes and colognes on the days that you will be visiting the clinic. If you smoke, we also ask that you refrain from smoking immediately before entering the clinic.

If you have any questions regarding these guidelines please feel free to ask.

I agree to the above clinic policies.

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*Signature*

\_\_\_\_\_  
*Date*