



## Health Moves 2023 Clinic Policies

**We updated our Clinic Policies for 2023 to protect the livelihood of our staff and our providers.**

**PLEASE READ OVER THIS DOCUMENT CAREFULLY.** By initialing each policy below, you are hereby signing and acknowledging that you understand and consent to the policies and information provided. For clarity, please note the clinic entity is Ventri Medicine, PLLC DBA Health Moves. You will most likely see these names listed on insurance documentation and credit card statements.

### **PAYMENT AND CREDIT CARD ON FILE POLICY**

We are committed to efficiency and ease when it comes to billing and receiving payment for the medical care we provide. For all visits occurring after January 1, 2023, we require that you provide a credit card on file with our office. While we prefer that you continue to pay your account balances yourself at your convenience, this policy will reduce staff time spent on collecting overdue balances and sending accounts to collections.

When scheduling or checking in, we will verify that you have a credit/debit card on file. If you do not, we will store one in ChARM's PCI-compliant, secure digital payment gateway for future transactions. ChARM is our electronic medical records system (EMR).

Credit/debit cards on file will be used to pay all >60 days overdue account balances that occur after insurance has finalized the medical billing claim, including co-insurance, co-payment, and deductible. Cards on file will also be used to pay the following necessary charges as they occur. Please note that many of these charges are NOT new additions to our billing process. These direct charges include:

- Administrative fees
- Fees for services not billable to insurance
- Urgent/Emergent physician on-call non-covered service fee
- Online medical management fee
- Late cancel/no show fee
- Records fee
- Rush processing fee

Below are a couple examples of how this works:

- 1) Once your insurance has processed our claim, they will send you an Explanation of Benefits (EOB) showing your total patient responsibility (i.e., the balance you owe). If you have a remaining balance due, you will receive that invoice from us via your Patient Portal, accessible remotely through your ChARM account. You may pay this invoice at this time. If the full payment has not been received within 60 days, your card on file will be charged up to \$200 per family member each billing period (every 28-30 days) until your balance is paid in full. If you would like

to pay your bill with a check, then you must send your check within 30 days of receiving your invoice.

- 2) For services that incur a fee at the time they occur, your card will be charged as soon as this service is completed. For example, when medical advice is provided via an off-duty-physician on-call service or online medical management message, or at the time a late cancellation is made.
- 3) If your card on file expires or payment otherwise becomes uncollectible, you will be required to promptly provide a new means of payment. We do not accept HSA/FSA cards as your only card on file as they cannot be billed for late cancellation fees, after-hours medical advice, and administrative task fees; however, you can log in and pay your invoice/bill in the portal yourself with your HSA or FSA card for visit balances.
- 4) Note: We are a cashless facility and accept credit card and debit card, as well as check in specific circumstances as mentioned previously.
- 5) Note: While a card will now be on file, patients that regularly pay their bill under 60 days after a claim is processed and posted will see no change in their payment process.

\_\_\_\_\_ I agree to place my credit/debit card on file to be charged by Health Moves (Ventri Medicine, PLLC) for services provided by any provider at the clinic. I authorize the use of my credit/debit card for the purposes stated above.

#### **SERVICE AND ADMINISTRATION FEES:**

In order to continue the comprehensive, compassionate, and attentive care we strive to provide our patients within the insurance model, we are implementing fees for previously uncompensated services. We now require payment for medical advice and completion of specific forms or administrative tasks that occur outside of an office or telemedicine visit and cannot be billed to your insurance. We will charge your card on file for these services immediately upon completion of the work.

Examples of fees for these supplemental services\* not billable to insurance include:

- Late Reschedule/Late Cancel/No Show Fee: We require 24-hours advanced notice to reschedule or cancel your appointment: \$75 for return visits per occurrence and \$150 for new patient visit
- Punctuality: If you arrive more than 15 minutes late to your visit, your appointment will be rescheduled and you will be subject to a late reschedule fee.
- Facility Fee: \$20 per occurrence
  - This fee will be applied to the following services:
    - Blood Draws performed in-house
    - Urinalysis performed in-house
    - EKGs performed in-house
    - Rapid Strep tests performed in-house
- Urgent/emergent medical advice provided by our off-duty physician on-call, outside of regular office hours; these calls are limited to 10 minutes, if additional time is needed to manage the concern, then additional charges will apply: \$100 per occurrence for the first 10 minutes
- Rush processing (<5 business days) of any forms that require physician review and signature such as sports physicals, vaccine forms, FMLA forms, disability parking placard forms, or any medical letter not part of a billable visit: \$30 per occurrence

- Records Fees: No fees will be charged if we are asked to send medical records directly to another healthcare provider. However, we may charge patients, law firms, etc. for additional copies as the law allows.
- Accounts delinquent over 120 days will be turned over for collection and charged the full fee, plus reasonable collection and attorney fees.
- Online Medical Management Fee: \$50.00 per occurrence
  - This is defined as provider consultation through the patient portal outside of a visit which is more than a simple treatment plan clarification. If your provider is needing to spend more than 5 minutes answering your clarifying question you will be charged an online medical management fee. If you do not want to be charged an online medical management fee, then please schedule an appointment. The only exception to this is if the provider has requested that you message them an update or other information.

To clarify, the following services or administrative tasks will NOT incur additional fees:

- Regular completion of sports physicals or camp forms in 5-10 business days
- Reprinting/resending of forms already completed and stored in the medical chart
- A medical letter provided as a part of a billable visit (e.g., an in-person visit to confirm recovery from illness and acquire a letter written for school or work or a telehealth visit for illness and paperwork to excuse from school/work/jury duty)

If your insurance company does not cover these medical costs, you are am responsible for payment in full.

\*This list is not exhaustive, and pricing is subject to change.

\_\_\_\_\_ I agree and consent to the above fees for services and administrative fee policies.

#### **INSURANCE AND SELF-PAY BILLING POLICY**

You are required to provide proof of insurance coverage (i.e., your insurance card) at the time of each visit, including telehealth visits. If the insurance information you provide is expired, invalid, or incorrect you will be responsible for payment for any services rendered in full, which will be charged to the card on file.

If our practitioners are participating providers (“in-network”) with your insurance carrier, we will submit your claim to insurance directly. According to your insurance plan, you are responsible for any and all copays, deductibles, coinsurance, and non-covered services. These amounts are determined by your insurance carrier’s medical benefits and not by our office. It is your responsibility to understand your medical insurance benefit plan.

Not all insurance plans cover naturopathic medical care and acupuncture. Coverage and benefit questions should be addressed to your insurance carrier and not to Health Moves office staff or providers. It is your responsibility to confirm that you have naturopathic and/or acupuncture coverage on your medical insurance benefit plan prior to your visit. If you have a naturopathic visit at our office and it turns out you do not have naturopathic coverage, then your card on file will be charged the full

amount of your visit. Similarly, if you have an acupuncture visit and you do not have acupuncture coverage, then your card on file will be charged the full amount of your visit.

If you are uninsured, do not have naturopathic medicine benefits, or are out of network with our providers, payment for our healthcare services must be made at the time of service. All patients paying in full at the time of service will receive a 20% discount on visit fees. This discount does not extend to non-visit fees or to supplement purchases.

Billing statements/invoices will be sent via your ChARM patient portal account.

\_\_\_\_\_ I agree to the above insurance and self-pay policies.

### **PRESCRIPTION REFILLS**

All prescription refills need to be requested via your pharmacy. We will receive the request from your pharmacy and process it within 5 business days. It is your responsibility to know when you will need a refill and to plan accordingly.

\_\_\_\_\_ I agree to the prescription refill request policy.

### **PREVENTATIVE AND ANNUAL WELLNESS VISITS**

Preventative visits or annual wellness visits are classified as Preventative Care Exams by your insurance. If there is any additional concern (i.e. rashes, headaches, constipation, etc.), it is at the doctor's discretion to evaluate and/or treat it in the context of the wellness visit, rather than have you return to address it on a different date. Any diagnosis in addition to the wellness diagnosis is then added as an additional billing code (not separate, but "attached" to the wellness visit).

We are required to follow specific coding laws to indicate to your insurance company what was addressed during your visit. When an additional concern is addressed during a wellness visit, your insurance company will consider that an additional evaluation and management visit. While most insurance plans cover wellness visits at 100%, evaluation and management visits are subject to a copay, coinsurance and/or deductible, and you are responsible for the resulting fee.

Please inform your physician if you do not wish to address anything outside the realm of a wellness visit. If you are unsure whether or not an additional concern will be billed separately, please ask your physician. As always, it is your responsibility to know your medical insurance benefits.

\_\_\_\_\_ I agree to the above preventative and annual wellness visit policy that I have read fully and understand.

### **TELEMEDICINE / TELEHEALTH**

All telemedicine visits with the providers at Health Moves are delivered via video streaming through a secured, HIPAA-compliant application. Please ensure that you are in a private area so

17000 140<sup>th</sup> Ave NE Unit 206  
Woodinville, WA 98072  
P 425-402-9999 | F 425-402-8390  
Healthmoves.com

others cannot overhear your conversation. Public spaces and the use of public computers cannot guarantee your patient privacy.

Telehealth may not be appropriate for the evaluation of certain health concerns. This will be up to your provider's discretion. Annual visits/physicals and preventative exams must be conducted in-person. To proceed with a telemedicine visit, your primary residence must be in Washington state. I acknowledge that if I do not reside within Washington state it is my responsibility to notify the provider prior to my visit.

Limitations of telemedicine include the following: You may be asked to come in for a same-day, in-office visit in order to complete physical examination, for further evaluation, or if your condition exceeds diagnosis and treatment capabilities possible via video discussion. A poor connection or image resolution may prevent your physician from making appropriate medical decisions or may delay the medical evaluation or treatment. Very rarely, security protocols could fail, causing a breach of privacy of personal medical information.

The same insurance/billing policies apply as in section "Insurance and Self-Pay Billing Policy" above. It is your responsibility to know if your insurance policy covers telemedicine or telehealth benefits.

\_\_\_\_\_ I agree to the above telemedicine policies.

### **LAB TESTING**

Health Moves currently uses Labcorp and Quest Diagnostics for testing. Health Moves is not responsible for testing not covered by your insurance plan. Although most insurance plans provide coverage for lab testing, it is not guaranteed by Health Moves. It is your responsibility to understand your insurance benefits. If you have questions regarding what your cost will be after insurance coverage, please contact your insurance carrier directly. If you do not have insurance coverage for lab work, then please let your provider know prior to your blood draw or sample collection so that your provider can direct you to a discount lab company that can provide you testing.

Occasionally your Health Moves provider may recommend specialty lab tests outside of Labcorp or Quest Diagnostics tests. These specialty lab tests are not guaranteed to be eligible for insurance coverage. All questions regarding the billing of these specialty lab tests must be directed to the lab company and not the Health Moves staff. If you require a superbill to submit to your insurance company for reimbursement, then please contact the specialty lab company directly.

\_\_\_\_\_ I agree that I have read and understand the above information regarding lab testing.

### **INFORMED CONSENT**

I consent to the plan of care proposed by Health Moves' (Ventri Medicine, PLLC) designated provider. I understand that I, or my authorized representative, have the right to decide whether to accept or refuse this plan of care. I will ask for any information I want to have about my medical care and will make my wishes known. I understand that the practice of medicine is not a

perfect science and acknowledge that no guarantees have been made to me regarding the success or outcomes of any examination, treatment, diagnosis, or test performed by Health Moves providers.

\_\_\_\_\_ I agree and consent to receive care provided at Health Moves and its providers.

**PRIVACY PRACTICES/HIPAA**

We maintain a record of the healthcare services we provide to you. We will share this information as permitted by law to provide you with medical treatment, run our business, and bill for these services. You have the right to view and obtain a copy of your medical records if needed. Our Notice of Privacy Practices document describes in more detail your rights to your health information and how this information may be used and disclosed. A copy of our Notice of Privacy Practices is available on our website under the "For Patients" tab, or we can provide you with a copy prior to your appointment. Sharing of your health information is typically used to improve the continuity of care that you receive. Common examples include sending labs results to other healthcare organizations actively involved in your care or accessing your prescription history from pharmacies. If you have questions or want to discuss options for decreased information sharing, please contact our Clinic Director.

Release of Confidential Information to Patient's Insurance Carrier: I hereby authorize Health Moves to release my medical information to my insurance company as needed to process my claims. I understand that Health Moves bills my insurance company as a courtesy to me without charge.

\_\_\_\_\_ I acknowledge and agree that I have had the opportunity to review the privacy practices/HIPAA policy.

**AUTHORIZATION FOR RELEASE OF INFORMATION AND CONTACT DETAILS**

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communication or that a communication of PHI is made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

**I authorize the following people to have access to my following information:**

Full Name of Individual: \_\_\_\_\_

Information that is OK to release (CHECK ALL THAT APPLY):

- All information
- Information pertaining to any and all appointments, ONLY
- Information pertaining to any and all lab work, ONLY
- Information pertaining to my treatment plan, ONLY
- Information pertaining to my account information (billing charges), ONLY

**I wish to be contacted in the following manner:**

Home Phone (CHECK ALL THAT APPLY):

- OK to leave message with detailed info
- Leave message with call-back # ONLY
- OK to leave message with spouse/family
- Leave appointment date and time ONLY
- OK to mail to my home address

Home Phone Number: \_\_\_\_\_

Name of spouse/family with permission (if applicable): \_\_\_\_\_

Cell Phone (CHECK ALL THAT APPLY):

- OK to leave message with detailed info
- Leave message with call-back # ONLY
- OK to leave message with spouse/family
- Leave appointment date and time ONLY
- OK to mail to my home address

Cell Phone Number: \_\_\_\_\_

Name of spouse/family with permission (if applicable): \_\_\_\_\_

**DISPENSARY POLICY**

Our dispensary items are of the highest quality and are available on-site for your convenience. They may be purchased elsewhere at your discretion but are not guaranteed to be the same as those we provide since we order our products from verified vendors and cannot speak to the quality of other sources (i.e., Amazon).

If you are prescribed a supplement by a provider of our clinic, then we are allowed to sell it to you tax free, which is a 10% savings passed on to you.

Supplement Pricing: Supplements and dispensary products are subject to price changes based off manufacturer's price changes that occur without notice.

Supplement Returns: Supplements may be returned for credit on your account ONLY. Supplement purchases that qualify for returns must be sealed and unopened and returned within 30 days of purchase. Supplements that are opened or purchased more than 30 days prior are not eligible to be returned for credit on your account. Credit on your account may only be used for other supplement purchases from our dispensary and cannot be applied towards visit or administrative fees.

Custom Tinctures/Teas: All custom tinctures/teas are made unique to you are exempt from the above return policy.

Special Orders: All special orders must be paid for PRIOR to ordering. You will be quoted the price prior to us ordering and if you would still like us to order it, then you must pay in full and we will

order the product for you. Items of special orders are not eligible for the aforementioned return policy since the supplement(s) were ordered specifically for you.

Discounts: We do offer a senior (65yo+) discount of 10%. If you qualify for this discount, it is your responsibility to request it at the time of each purchase. This discount cannot be applied retroactively to previous purchases.

\_\_\_\_\_ I agree to the above dispensary policy.

Please continue signing:

**By signing below, I hereby acknowledge that I have read and fully understand the above Clinic Policies. I agree and consent to the information stated above.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_