



## **Patient Information and Financial Policy**

### **New Patients**

Please bring your insurance card(s) and picture ID to your first appointment. If you do not have a valid insurance card, payment will be due in full at time of service.

If you do not have insurance coverage, payment will be due at the time of service.

### **Returning Patients**

Please inform the receptionist of any changes to your personal information, such as address or phone number. If insurance coverage has changed, please bring in updated insurance card(s).

### **Scheduling Appointments**

We see patients by appointment only. When you call to schedule an appointment, please indicate everything you wish to address with the physician so that we may allocate enough time. Our physicians' schedules can fill up quickly. Please schedule your follow-up appointments several weeks in advance whenever possible.

Our physicians are happy to speak with you on the phone, and will return all calls before the end of the business day. If you prefer, you may schedule a time for your physician to call you.

### **Prescription Refills**

In order to provide quality care, medication refills are best addressed at the time of your visit with our physician. Please call your pharmacy for routine prescription refills. Most pharmacies will contact our office via fax regarding renewal of routine medications. RIW physicians require **7 days** advanced notice to process most prescription refill requests. The patient is responsible for knowing when medications need to be refilled (no early refills). No prescriptions will be refilled on Fridays, Saturdays, Sundays or holidays. Prescriptions will not be refilled early if lost, stolen, misplaced, overused or misused.

### **Financial Policy**

Payment of co-pays and deductibles are due at the time of service. We accept Visa, MasterCard, Discover and personal checks.

Charges may be made for broken, confirmed appointments and appointments cancelled without 24 hours notice. Your cooperation in cancelling your scheduled appointment well in advance allows us the opportunity to offer your appointment to a person who needs medical care. If you miss or are late for multiple scheduled appointments without notice, our physicians may elect to release you from the practice.

Failure to show for a scheduled confirmed appointment may result in a \$75.00 cancellation fee per scheduled provider.

415 1st Ave N, Suite 200  
Seattle, WA 98109  
Telephone: 206-859-5030  
Fax: 206-859-5031



As a courtesy, we will submit a claim for our services to your insurance company. Any unpaid patient balance will be invoiced promptly upon receipt of insurance company statement. Payment is due within 30 days of billing.

### **Past Due Accounts**

Balances greater than 30 days old will be charged interest at the rate of 1% per month (12% APR).

Balances greater than 120 days past due will be considered delinquent, and may be subject to external collection and additional collection fees, including attorney and other court fees.

### **Questions or Concerns about your balance?**

Billed amounts are based on your insurance plan's coverage, benefits, and limitations at the time services are rendered. If you believe your balance is in error, please contact your insurance company directly.

If you are unable to pay your balance in a timely manner, and wish to avoid collection activity that may impact your credit rating, please contact our Office Manager as soon as possible to discuss other arrangements.

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