

Kathleen R. Flewelling, N.D.

Dear Patient: Welcome to our clinic! As a Naturopathic Clinic, we concentrate on whole-patient wellness- emphasizing prevention and self-care. We attempt to find the underlying cause of the patient's condition rather than focusing solely on symptomatic treatment. We cooperate with and refer patients to other practitioners for diagnosis or treatment when appropriate. **Enclosed is a two-sided health questionnaire. Please fill this out and bring it to your appointment along with your insurance card, a form of identification, co-pay and current medications and supplements.**

Coordination of care: Your healthcare provider will work with you as a team. It is important that you share with your provider everything you can about your health. Attached to this letter is a questionnaire and a list of policies and procedures for our clinic. Please take the time to review all the paperwork and fill out the necessary parts.

Your bill: We understand that healthcare can be an expensive burden and will do our best to meet your financial needs. We offer Point of Service payment discounts for uninsured and underinsured and a sliding scale and payment plan options for our lower income patients (households under the 200% poverty level). We do not conduct asset testing to determine this. We do not discriminate in the provision of services to a patient because of their insurance plan, race, color, gender, sexual orientation, national origin, disability or religion. Each patient's financial needs are unique and as such will be treated on a case by case basis. Please talk with our billing staff about your individual plan and ability to pay.

Insurance: We are not contracted with most insurance plans but will courtesy bill your insurance. We are contracted with the Oregon Health Plan. We will need to see and make a copy of your insurance card(s). We will bill your insurance company for you at no charge. Insurance plans vary greatly in the percentages they pay so its best to understand your policy before your visit. Double check that you are covered to see a Naturopathic Physician and that you have the necessary referral (if needed). By law, we cannot offer you a discount if we are billing an insurance plan so, depending on your plan, it may be to your advantage to pay out of pocket with the discount in lieu of insurance. Depending on your plan, you may be asked to pay for your visit at the time of service as many plans reimburse the patient directly. We do our best to navigate through this with you, however, you are ultimately responsible for all treatment rendered. In order to receive a payment plan or other financial considerations, it is your financial responsibility to contact our billing department.

Co-Payments: Please be prepared to pay any co-payments at the time of each office visit. We accept cash, check, VISA, MasterCard, Discover, and American Express. We may charge a \$25 processing fee for any returned checks. **Please note: we only accept personal checks from established patients.** Uninsured patients need to be prepared to pay for all services rendered at the time of service unless other arrangements have been made with a staff member. Please ask about our discount options.

Current Medications and Supplements: On your first appointment bring the bottles of any medications or supplements you are currently taking. You may bring a detailed list instead but please note that, especially with supplements, the ingredients can greatly vary.

Requests - Your requests are important to us. We will strive to return your message as soon as possible with most calls being returned within 24 hours. Please take the time to review the after hours care policy included in this packet for urgent care contact information. Whenever possible, please contact the office during regular office hours (Tuesday-Thursday 9am-3:30pm and Fridays 9am-12pm.)

Cancellations: If you must cancel, we require a minimum of 24 hours notice so we can provide service to another patient. We may charge a \$25 fee to patients that cancel or miss their visit without giving the required 24 hours notice. New patients missing their first appointment without giving the appropriate notice will not be rescheduled without making a \$165 non refundable deposit.

Directions to our office:

From the North: Turn right at Broadway light going west. Take a left on Holladay Drive and proceed east to Ave G. Our office is on the corner of Ave G and Holladay in the Whimbrel's Center.

-620 S. Holladay Dr. Suite 6

From the South: Heading north into Seaside on Highway 101: Turn left on Holladay drive. Proceed north on Holladay drive to Ave G. Our office is on the corner of Ave G and Holladay in the Whimbrel's Center.

-620 S. Holladay Dr. Suite 6

Your appointment is scheduled for: _____.

Please give us a call if you have any questions.

Thank you,

A Natural Path Integrated Health services
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Phone 503-738-5859 Fax 503-738-7726