

**Kathleen Flewelling, ND**  
**A Natural Path Integrated Healthcare Services**  
**503-738-5859**

**Telephone and Email Conference Policy**

Your time is valuable and so is a physician's. We welcome you to call or email with any questions or concerns you may have about your health or treatment plan and the majority of calls received take just a few minutes or less to answer. However, if the response takes the doctor longer than 5 minutes to respond, we will have to bill as if the conference was an office visit and fees will apply.

**After Hours/Emergency Call Policy**

Your health is important and we realize that issues come up outside of regular office hours. If your call goes to our voicemail and your call is outside of office hours, you will hear a number you may use to reach the doctor with issues you feel cannot wait until the office reopens. If the issue requires immediate attention, call 911 or go to the nearest emergency room. Please be aware before calling the number for urgent care that the doctor will screen her calls and may decide the issue can wait until the next business day. Also, please be aware that sometimes there are electronic failures or the phone needs to be charged. **Fees may apply for any return call the doctor makes.** If it is a true emergency, however, fees will be waived by the doctor.

**Credit Card on File Policy**

At A Natural Path Integrated Healthcare Services, you may pay using any major credit card. Once you use your card in our office, the information is automatically stored in our secure computer software and kept confidential. You may use your card in person or by phone to pay the following: a charge for a telephone or email conference as outlined above, balances that your insurance doesn't pay such as deductibles and co-pays, after hours emergency call fees and any supplements picked up from this office. When paying by phone, we would like to have your signature on file giving us authorization to run the card. We will not run your card without your verbal authorization.

If you choose not to keep a card on file and are unable to pay at the time of service, a billing fee of **\$10 will be added to your account for any balances that we must attempt to collect through mailing a monthly statement**, unless prior arrangements have been made with our office. Furthermore, an **"outstanding balance" charge of 1.5 percent of the total bill will be charged for each month that the bill remains unpaid.**

(In lieu of a credit card on file a patient may make a deposit to their account and run a positive balance with our clinic.)

*If you have the Oregon Health Plan and there is a service not covered that you will be responsible for, by agreement with OHP, we must inform you and gather consent before the services are rendered. These services include but are not limited to massage, alignments and supplements. Office visits are covered by your insurance and you are not responsible for the portion of the bill your insurance does not pay as long as your health plan is active.*

**Missed Appointments**

**We require 24 hours notice for cancelled appointments. If you miss more than 2 appointments within a 12 month period without giving proper notice, we will require a scheduling fee of \$40 to return.**

**I have read and understand the policies above regarding charges at A Natural Path.**

**I authorize and request A Natural Path Integrated Healthcare Services to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility.**

This authorization relates to all payments not covered by my insurance company for services provided to me by A Natural Path Integrated Healthcare Services.

This authorization will remain in effect until I cancel this authorization. To cancel, I must give a 60 day notification to A Natural Path Integrated Healthcare Services in writing and the account must be in good standing.

**Patient Name (Print):** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_