

Utah Natural Medicine

242 S 400 East, Suite A; Salt Lake City, UT 84111 • Tel. 801-363-UTAH (8824)

Financial Agreement

Insurance Information

Many insurance companies, flex plans, and health savings accounts will cover visits with us as Out of Network Providers. For all patients with health insurance and those without insurance, we ask that you pay for your visit at the time of service. We can provide a receipt/ "superbill", including necessary codes and information for reimbursement for those who wish to submit for having seen an Out of Network Provider.

Most insurance companies cover the standard lab tests, blood work, or imaging tests that we order, but we cannot guarantee coverage for them. For patients who choose to pay out of pocket, we offer onsite blood draws at reduced rates. Some specialized testing we offer such as food allergy tests or heavy metal testing is typically not covered by insurance.

Medicare and Medicaid are not contracted with Utah Natural Medicine and visits for patients with these insurance plans will NOT be covered.

Rates

Please call our office for specific rates for services we offer. The doctor fee schedule is posted on our website under Patient Information for your reference. We do not accept checks, but do accept Visa and Mastercard. Visits with the doctors include physician consult, physical exam, and a comprehensive treatment plan. New patient visits are usually 90 minutes and return visits are usually 15-45 minutes long. If you would like to book a specific amount of time, please let the receptionist know when you make the appointment.

Cancellation/Re-scheduling and No-Show Policy

We have a less than 48 hour cancellation/rescheduling fee policy for new patients and a less than 24 hour cancellation/re-scheduling fee policy for return patients. Please be aware that the doctors do not overbook or double book their appointments and their time is reserved exclusively for you. In order to accommodate those on the waiting list, we appreciate ample notification when rescheduling and for cancellations. **We will hold your first appointment with a \$150 deposit by credit card. This deposit is non-refundable in the event you cancel or reschedule less than 48 hours before your scheduled appointment or do not appear for your appointment. Return patients are charged a fee of \$60 for either a less than 24 hours cancellation or not appearing for their appointment.**

FINANCIAL TERMS: I, the undersigned, certify that I have read the above and agree to follow the parameters of this agreement. I understand that I am financially responsible for all charges whether or not they are paid for by insurance and will pay at the time of service. *For Medicare and Medicaid patients only:* I have been informed that the services I am requesting are not covered by Medicaid, Medicare, or Medicare Supplemental insurance. I am aware that I cannot submit these bills to Medicare/Medicaid for reimbursement and I will be financially responsible for these services, including but not limited to: nutritional counseling, treatments for wellness, and any labwork associated with these services.

Patient's Signature

Printed Name of Patient

Date

Guardian/Representative's Signature

Relationship to Patient

Date