Notice of Financial Policy

green lake natural medicine
5413 Meridian Ave. N. Suite A, Seattle, WA 98103
Tel (206) 550-7539 • Fax (206) 462-4320

What you should know

By signing this agreement, you have agreed to pay for the services you receive, either by self-pay or using insurance benefits that cover those services.

Health insurance is a contract between you and your insurance company. It's best if you know which services your insurance will cover before you receive care. That way, there are no surprises for either of us. If you are not sure about your coverage, please contact your insurance company to verify parameters of coverage, including the differences in benefits for "in network" and "out of network" providers as well as gaining an understanding of your policy's particulars including deductibles, copayments, and coinsurance.

Insurance

Dr. Milkis is currently contracted as a Preferred Provider with Regence Insurance Company. He is not contracted with any other insurance plans. If you are using Regence Insurance, Dr. Milkis agrees to bill Regence on your behalf. You agree to be responsible for all copayments and coinsurance costs. By signing this agreement, you agree to assign all Regence benefits to Dr. Milkis. You also agree to allow Dr. Milkis to release personal medical information to Regence should they make any request for such information.

Personal Injury Protection/PIP – Dr. Milkis would be happy to work with you on this and agrees to bill your insurance directly for services rendered. Note that this will not pertain to medication or supplement prescriptions. You agree to assign all benefits to Dr. Milkis and also agree to allow Dr. Milkis to disclose all pertinent medical information that the insurance company requests.

Please be aware that we do not bill any other insurance plan directly and Dr. Milkis is not a signatory to any other insurance plans (beyond Regence) as a "preferred provider". As such, for any plan other than Regence, our services would be considered "out of network".

Dr. Milkis will provide you with a "Superbill" after your appointment, which you can submit to your insurance company for reimbursement. Please be aware that insurance coverage can vary and will depend on your individual plan and the specific coverage your plan provides. It is up to you to check directly with your insurance company to verify if your plan will reimburse for our services as well as determining the extent of that reimbursement.

Billing

Payment is expected at the time of service unless insurance is being billed as specified above or other arrangements are made. We accept cash, checks, debit cards, and credit cards. You can also use your Health Savings Account/HSA or Flexible Spending Account/FSA card as our services should qualify for HSA's and FSA's. We recommend you check with your plan administrator to verify this.

Note: there will be a fee of $50 charged for any returned checks. This fee and the unpaid bill must be paid prior to booking your next visit.

Visit Fees

The cash fee for an initial visit is $400-500, depending on time spent, and will typically run 90-120 minutes. Return office visit fees are set at $150 for 30 minutes, $225 for 45 minutes, and $300 for 60 minutes. Physical medicine procedure fees vary based on service provided.

Insurance will be billed as appropriate based on the complexity of the visit and time spent.

For non-insurance situations, we are willing to discuss modified fees on a case-by-case basis based on income and ability to pay. Proof of income will need to be provided.

Cancellations

While we endeavor to be as flexible as possible for our patients, please know that the doctor's time is valuable and he has set aside a large block of time specifically for your needs. As such, there is a 48 business-hour cancellation policy (we are not open Sat or Sun). If an appointment is cancelled within that 48-hour window or if the patient does not show up for their scheduled appointment, the patient will be sent a letter reminding them of the clinic policy regarding missed/late appointments. Additionally, there will be a charge of 50% of the scheduled visit fee for the late cancellation and a charge of 100% of the visit fee for a no-show. This charge must be paid in full prior to the patient booking another appointment.

Acknowledgement

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Patient Name/Signature Date

Date: 7/31/17
Rev. 11/26/19
Rev. 1/16/21

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