

Donna Kachinskas, PhD, ND, PLLC

18047 NE 68th St, Ste B-100
Redmond, WA 98057

P: 425.217.7788 F: 425.883.1700

Patient Financial Agreement

Visit Consultations and Fees:

- Most patients require a minimum of two office visits to establish a comprehensive treatment plan. Regular follow-up appointments are generally recommended.
- The first office consult which includes a comprehensive intake, review of medical records, physical exam, and initial treatment plan, generally lasts 60 minutes and ranges from \$200 - \$350.00 depending on the complexity of your circumstances.
- Follow up visits last 30 – 60 minutes and range from \$100 - \$200.00.
- If you are a new patient and require an annual gynecologic exam, this exam will typically take place on the second visit.
- Lab work and nutritional supplements are not included in these fees.

Insurance Billing:

- Dr. Kachinskas is credentialed by most major insurance plans. It is the patient's responsibility to check if Dr. Kachinskas is covered by your specific insurance plan.
- Dr. Kachinskas is licensed as a Primary Care Provider (PCP) in the State of Washington, with the exception of coverage under Regence Blue Shield by which she is credentialed as a Specialist. Most Regence plans allow for the patient to self refer to Dr. Kachinskas for women's health issues (not requiring a referral from a PCP).

Phone Consultation: \$100 minimum charge

- Telephone consults are on a cash basis only as insurance will not cover these services.
- Fees for telephone consults are \$100.00 for each 30 minutes.
- Brief phone calls are accepted at no charge. Messages are checked daily and will be returned within 48 hours.
- If there are any questions about this service, please ask at the time of the call.

Cancellation Charge:

- We understand that circumstances occasionally arise changing your plans.
- No charge if cancelled with a minimum of 24 hour notice.
- There is a \$50 fee with less than 24 hour notice.
- Full fee will be charged if no notice is received.

Payment:

- Payment for visit co-pays and/or medication and supplies is to be rendered at time of service and can be made by cash, check, money order, or credit card.
- There is a minimum billing fee of \$25.00 or 12% APR, whichever is greater, for account balances due beyond 30 days.
- There is a \$35 NSF fee on all returned checks.
- Patients will be held responsible for non-payment by their insurance company. Accounts unpaid by the insurance company greater than 90 days will be billed to the patient.
- Outstanding balances greater than 120 days will be turned over to a collection agency unless prior arrangements have been made in writing.

~ Dr. Kachinskas is committed to providing quality care for the whole family. Your patronage is appreciated. ~

IF I HAVE INSURANCE, I UNDERSTAND THAT I AM RESPONSIBLE TO READ MY MEDICAL BENEFIT BOOK AND UNDERSTAND IT. WHEN APPLICABLE, I AM RESPONSIBLE TO PAY A PERCENTAGE OF THE COST OF MY VISIT AT THE TIME OF TREATMENT. I AGREE THAT I AM FULLY RESPONSIBLE FOR THE TOTAL PAYMENT OF ALL PROCEDURES PERFORMED IN THIS OFFICE. THIS INCLUDES ANY TREATMENT THAT IS NOT A BENEFIT OF ANY MEDICAL INSURANCE THAT I MAY HAVE

I, _____ agree to the above defined financial policies of Donna Kachinskas, PhD, ND, PLLC. In the case of default of payment, I am responsible for full payment of the balance, interest accrued, and any collection costs and legal fees incurred to collect on this account.

I, the undersigned, have read, understand, and accept the information and conditions specified in this document.

Client Signature

Print Name

Date