

MARIO ROXAS, ND
Naturopathic Physician

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FINANCIAL AGREEMENT

Welcome to my office. Please familiarize yourself with the financial policy of my office by reading the following information about how your medical bills will be handled.

OFFICE POLICY AND PAYMENT RESPONSIBILITY

As the patient you are responsible for the total charges incurred for each visit. Currently, I only accept cash and checks. **There will be a charge of \$20 for each returned check.**

There is a \$25.00 charge to you for missed appointments with no notification.

In the event of non-payment you, the patient, shall bear the cost of collection and/or court costs and reasonable legal fees, should this be required. **Accounts past due will be assessed a 2% per month service charge.**

BILLING YOUR INSURANCE CARRIER

Please check with your insurance company in advance to determine whether they offer coverage for naturopathic medicine. **You are responsible to bill your own insurance.** I can provide you with a signed service summary with all the necessary information for you to send directly to your insurance company for reimbursement. **Payments are due at the time of service.**

AGREEMENT TO PAYMENT POLICY

By signing below, I understand that full payment for all services and products I receive from this clinic and its practitioners is required at the time of service. Further, I understand that this clinic may provide me with a bill that I may submit to my insurance carrier, if I so request, and that this clinic cannot be held responsible for either the amount of reimbursement I receive, nor any delay between the time of submission and the time of any reimbursement.

X

patient/guardian signature

date