

# *The Evergreen Clinic*

12025 115<sup>th</sup> Ave NE, Suite 200

Kirkland, WA 98034

Main Line: 425.821.1810 / New Patient Intake Line: 425.825.9644 / Fax: 425.823.1231

## Registration Form (Please Print Carefully)

### Patient Information

Last Name		First Name		Middle Initial	Date of Birth		
Street Address			Apt #	City		State	Zip
Parent/Guardian Name				Patient SSN#			
Home Phone Number	Cell Number		Email Address				

Party Financially Responsible for this Account		Relation to Patient	
Date of Birth of Responsible Party	Street Address of Responsible Party		SSN# of Responsible Party
Primary Medical Insurance		Secondary Insurance	
Ins Co Name		Ins Co Name	
Policy Holder Name		Policy Holder Name	
Policy Holder Address		Policy Holder Address	
Policy Holder Date of Birth		Policy Holder Date of Birth	
Policy Holder SSN#		Policy Holder SSN#	
Patient Relationship to Policy Holder		Patient Relationship to Policy Holder	
Employer Name		Employer Name	
ID / Group #		ID / Group #	

Emergency Contact Name	Emergency Contact Phone
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### Consent for Treatment

I authorize and request my clinician to carry out psychological and/or psychiatric exams, treatment and/or diagnostic procedures which now, or during the course of my treatment become advisable. I understand the purpose of these procedures will be explained to me upon my request and that they are subject to my agreement. I understand that while the course of my treatment is designed to be helpful, my clinician can make no guarantees about the outcome of my treatment. I authorize The Evergreen Clinic to release any information necessary to my insurance company to expedite insurance claims. I understand that I am ultimately responsible for all charges, regardless of insurance coverage.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

Name of Primary Care Physician: \_\_\_\_\_

Please indicate any member of your household for whom you do NOT wish us to discuss any of your health care concerns:

\_\_\_\_\_

# The Evergreen Clinic

## Payment of Fees

Thank you for choosing The Evergreen Clinic as your healthcare provider. The following is the statement of our financial policy, which we require that you read and agree to prior to any treatment.

- Insurance copayment or full payment (if Private Pay) is due at the time of service. If either of these amounts is not received at the time of service, you may be denied access to your provider.
- We will bill your insurance as a courtesy whenever applicable; however it is important to understand that we are not responsible for the collection of your insurance payment(s). In the event that your insurance company declines to make payment on your claim, then you are ultimately responsible for the payment of your account in full. Please note, it is your responsibility to know your own insurance benefits, including whether The Evergreen Clinic is a contracted provider with your insurance company, your covered benefits (and any exclusions in your insurance policy), and any pre-authorization requirements of your insurance plan.
- We will attempt to confirm your insurance policy coverage prior to your treatment. It is your responsibility to provide current and accurate insurance information, including any periodic updates or changes in coverage. Should you fail to provide this information, you will be financially responsible for any balance on the account. Claims denied due to lack of coverage or eligibility will be transferred to patient responsibility at the private pay rate for that visit plus a \$25 processing fee.
- Please understand that some insurance coverages have out-of-network benefits that have co-insurance charges, higher co-payments, and limited annual benefits. If you receive services as part of an out-of-network benefit, your portion of the financial responsibility may be higher than the in-network rate.
- It is important to be on time for your appointment as it cannot be extended beyond the scheduled time allotment. If you are unable to keep your appointment, please contact The Evergreen Clinic at least one business day in advance. Please do not leave a message on your clinician's voice mail regarding appointments – leave such messages with reception. If you are unable to provide one business day notice, we will charge you for the missed appointment at the private/self-pay rate for the type of visit missed. Please understand that this is not a penalty. The only way that The Evergreen Clinic can continue to remain intact as a business is if scheduled time is compensated. Please note that insurance plans and health benefit cards cannot be used for payment on missed appointments and any No-Show or Late Cancel fees will need to be billed directly to you.
- In the event that you request a clinician from The Evergreen Clinic to complete a legal/school/or other document or form, the clinic will assess a \$100-\$300 fee depending on the complexity of the document and timeframe for completion. In some instances, you may be requested to schedule an appointment with your clinician to assist in the accurate completion of the document. Payment for the completion of any document or form is due prior to the clinician beginning any work.

Should any aspect of The Evergreen Clinic's payment policies present a special challenge for you, please feel free to discuss any concerns with the office manager. If billing arrangements need to be made, please address these arrangements before the account balance is past due.

We are grateful for the opportunity to be of help to you. Your prompt and responsible attention to your account will help make it possible for others to receive assistance in the future.

I HAVE READ AND UNDERSTOOD THESE TERMS OF PAYMENT FOR SERVICE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please let us know if there is someone you would like to authorize to call us regarding scheduling appointments or billing concerns.

Designee: \_\_\_\_\_

# The Evergreen Clinic

## Policies and Expectations

The hourly rate for Private Pay (Self-Pay) patients (those who do not have insurance or are choosing not to use it) is as follows:

Therapist / Counselor:	Initial Appointment: \$150.00 / Follow-Up Appointment: \$125.00
ARNP / Naturopathic Doctor (ND):	Initial Appointment: \$250.00 / Follow-Up Appointment: \$100.00
Medical Doctor (MD):	Initial Appointment: \$300.00 / Follow-Up Appointment: \$150.00
Couples Counseling:	\$140.00 per hour

Please ensure that you have sufficient medication to sustain you until your next appointment, taking into account any delays or holidays. Any medication refills completed outside the normal scheduling of an office visit will result in a fee of \$25.00. Prescriptions will be authorized only during weekday office hours and are subject to a 24 hour turn-around time. Please note that The Evergreen Clinic will not have any influence over the speed and efficiency of your pharmacy once the prescription is faxed or called in.

All voice messages will be returned as soon as possible, however please understand that The Evergreen Clinic is a working office with clinicians in session in a continual manner. If an immediate response is necessary, please call "911" or go to the nearest hospital. Examples of emergency calls would be adverse medication reactions or any crisis that might require hospitalization. The clinicians' voice mails should not be used to schedule and/or re-schedule appointments or to address any questions regarding billing. These types of administrative calls should be handled by reception. Please note that the clinicians are with patients throughout the day and check or respond to voice mails when they have time.

Phone consultations are available at the sole discretion of the clinician only. Please note that currently no insurance policy will cover phone consultations, thus any expense will need to be address by the account holder.

To protect your privacy, The Evergreen Clinic strictly adheres to HIPAA (Health Insurance Portability and Accountability Act). This means that communications (phone calls, faxes, etc) from family, friends, or associates will not be returned or addressed unless there is a release of information (ROI) signed by the patient (or patient representative) authorizing The Evergreen Clinic to engage in any portion of the patient's care or treatment. Releases of information are available at the front desk during normal business hours or on The Evergreen Clinic's website: [theevergreenclinic.com](http://theevergreenclinic.com).

If you wish to transfer care to another clinician at The Evergreen Clinic or elsewhere this can easily be arranged only after consulting with your current clinician to assess any specific needs.

Patients who No-Show (miss an appointment without notifying the office prior) or Late Cancel (cancelling an appointment yet not providing 24 hours' notice) twice during the same 30 day time period will have all future appointments cancelled and a notification letter mailed to their home address on file. Until payment for the two missed appointments is received the patient will not be permitted to schedule future appointments.

I HAVE READ AND UNDERSTOOD THESE POLICIES AND EXPECTATIONS

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_

# The Evergreen Clinic

## Additional Terms and Conditions

### Limits of Confidentiality

The contents of a counseling, intake, or assessment session are considered to be confidential. It is the policy of The Evergreen Clinic not to release any verbal or written records regarding a patient to another party without written consent from the patient or the patient's legal guardian/representative. Noted exceptions are as follows:

### Duty to Warn and Protect

The "Duty to Warn and Protect" allows a counselor the right to breach patient confidentiality when the patient discloses intentions to harm themselves, a specific person, or group. In these instances the clinician is required to warn the intended victim and report any information to the legal authorities. It is our policy to take steps to protect the health and well-being of our patients, which may include contacting police for a "wellness check" or contacting family members upon the threat of self-harm.

### Abuse of Children and Vulnerable Adults

If a patient indicates or suggests that they are abusing a child or vulnerable adult, has recently abused a child or vulnerable adult, or a child or vulnerable is in danger of being abused, the clinician is required to report this information to the appropriate social service and/or legal authority.

### Court Orders

Clinicians are required to release patient records when a court order has been issued or in response to a subpoena.

### Other Provisions

When fees for services are not paid in a timely manner, The Evergreen Clinic's collection agency may be utilized in collecting unpaid balances. The specific content of the services (diagnosis, treatment plan, clinician notes, testing, etc) is not disclosed. If a balance remains unpaid it may be reported to credit agencies and the patient's financially responsible party's credit report may state the amount owed, time frame, and the name of the clinic.

Insurance companies and other third-party payers are given information that they request regarding services to patients. Information which may be requested include types of services, dates/times of services, diagnosis codes, treatment plans, descriptions of any impairments, progress of therapy, clinician notes, and other summaries.

Information regarding patients may be disclosed in consultations with other professionals in order to provide the best possible treatment.

Correspondence through email, text, or other electronic media is available upon request contingent on agreement with your clinician. Please note that electronic media is not considered secure and The Evergreen Clinic is not responsible for data transmitted in this method.

I HAVE READ AND UNDERSTOOD THESE ADDITIONAL TERMS AND CONDITIONS

Name: \_\_\_\_\_

Date: \_\_\_\_\_