



1601 116th Ave NE Ste 111
Bellevue, WA 98004

P: 425-467-1314
F: 425-458-3102

OFFICE POLICIES AND PROCEDURES

Welcome to our practice. Our goal is to provide the best care possible to you and your family. To help answer any questions you may have, we have outlined our clinic policies below. Please feel free to discuss any additional questions you may have with a staff member.

INSURANCE

As a courtesy to our patients, we bill the following insurance companies: Premera, Regence, Medicare, Labor and Industries, First Choice, United Health Care, Unicare and many others. Please provide us with the correct insurance information in order to expedite billing services. Other accepted insurance coverage questions can be answered at the front desk.

We are pleased to be able to bill your secondary insurance for you with the information you provide at the time of service. You are responsible for following up to be sure the balance is paid either by your secondary insurance or yourself in a timely manner.

CREDIT POLICY

If you do not have any health insurance, you will be asked to pay the balance in full at the time of service unless arrangements have been made in advance with the patient account manager. Social security numbers are required on our patient demographic forms in order to extend services to you, failure to provide your social security number will result in prepayment of services.

If your insurance company requires a co-pay, you are required to pay the amount at the time of service. Co-pays will not be billed, as payment is due at the time of service.

Payment of private balances must be made within 30 days of receipt of monthly statements. We understand that financial problems do arise from time to time; payment plans are available in extenuating circumstances. We ask that you notify us while your charges are current.

Following received insurance payments, a re-billing fee of \$5.00 per month will be added to accounts with an outstanding balance over 90 days. Delinquent accounts may be turned over to a collection agency.

If a check or bankcard payment is dishonored by your bank for any reason, an additional \$35.00 handling fee will be assessed to your account.

Cosmetic procedure financing is available for those who qualify through Care Credit. Plans and Interest rates vary. If this is something that you are interested in please notify our patient account manager.

FAILURE TO KEEP APPOINTMENTS

In the event you fail to keep two consecutive scheduled appointments without 24-hour notification, a "NO –SHOW" charge of \$50.00 may be applied to your account. This charge is the responsibility of the patient and will not be billed to insurance.

MEDICATION REFILL POLICY

All medication refills must be requested through your pharmacy, with the exception of prescription medications requiring a written prescription from the provider. Please contact your pharmacy for refill status. Please allow 24-48 business hours for refills on all medications.

PATIENT RESPONSIBILITIES

Please be advised that you will be held responsible for any misconduct within clinic, disruption of other patients, and destruction of clinic property. Abusive behavior towards clinic staff or patients either within the clinic or via telephone will not be tolerated. Please remain respectful of our clinic staff and other patients.

The staff of Eastside Primary Care and Wellness strives to provide excellent, professional and timely service. Thank you for entrusting your care to Eastside Primary Care & Wellness.

Sincerely,

Eastside Primary Care and Wellness Staff

Print Patient Name

Patient Signature

Date