

LAURA ALICE SHELTON, N.D.
EMILY SHARPE, N.D.
Natural Health Clinic
1707 F Street
Bellingham, WA 98225
(360) 734-1560

FINANCIAL AGREEMENT FOR PATIENTS WITH INSURANCE

I, _____, being a patient of Dr. Laura Shelton/ Dr. Emily Sharpe do hereby acknowledge that my health insurance policy is an arrangement between the insurance company and myself.

I understand that it is my responsibility to know and understand my insurance policy, its requirements and its benefits.

I understand that certain services may not be covered by my insurance under the terms of my policy. I understand that I am responsible for all bills incurred at this office and I agree to make financial arrangements with my practitioner to pay for any services not covered by my insurance policy. I understand that pharmacy costs are almost never covered by any insurance company, and I am therefore aware that payment for pharmacy is due at the time of purchase.

Although my insurance billing is my responsibility, I understand that as a courtesy, Dr. Laura Shelton's/ Dr. Sharpe's staff is willing to pursue collection for services from my insurance company on my behalf. I understand that re-billing and any appeals processes are my responsibility. If attempts to collect from insurance companies for services rendered have been unsuccessful, it is my responsibility to pay Dr. Shelton/ Dr. Sharpe within 3 months of the date of service.

I authorize payment of all medical benefits to be made directly to Dr. Laura Shelton/ Dr. Sharpe.

Dated in Bellingham, WA, this _____ day of _____, 2010.

(Patient's signature)

Insurance Plan: _____

Insured's Name: _____

Insured's I.D. Number: _____

Policy or Group number: _____