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OFFICE POLICIES

Welcome to our family of patients. The purpose of these policies is to enable our office to serve you to the best of our abilities.

Initials:

❖ **Making Appointments:** For healing to be most effective, the doctors often suggest a series of visits. In such cases, we advise that you schedule in advance to ensure continuity of appointments. _____

❖ **Cancellation Policy:** Missed appointments without prior notifications are subject to a \$45 charge. Please give prior notice of at least 24 hours so the doctors can help other patients in that appointment time. Please, note that insurance does not cover this fee. _____

❖ **Childcare Policy:** We do not offer childcare in this clinic. **Please do not leave children unattended.** _____

❖ **Address Change:** Please notify us when your address and/or your phone number changes as soon as possible. _____

❖ **Cell Phones:** This office is a cell phone-free zone. Please take any calls outside the office and silence all cell phones upon entering the clinic. Thank you for helping to create a healing environment. _____

❖ **Email Policy:** Some physicians at True Health Medicine, PC (THM) use email to correspond with patients as a convenience. However, these emails are not encrypted and could theoretically be read by a malicious outside party with the technical skills to intercept such correspondences. By initialing this line, you are consenting to allow THM and its physicians to correspond with you via email in spite of these potential risks. _____

❖ We do not bill insurance for supplement prescriptions and typically insurance companies will not cover them under their policies. **We do not accept returns on any supplements. Please be sure before you buy. This policy is in effect for your safety.** _____

❖ **Returned Check Policy:** Due to bank charges to us, we must make a \$25 fee for all returned checks. _____

❖ **Motor Vehicle Accidents:** Please notify us if you are billing insurance for a motor vehicle accident. We will be happy to bill under your Personal Injury Protection coverage. _____

❖ **Collection Policy:** We may charge interest of 1.5% per month (18% APR) for unpaid balances after 30 days. If an account is over six month in arrears, it will be subject to legal collection. The key to avoiding this situation is communication. **WE WILL WORK WITH YOU!** Just talk to us. _____

Please only initial one of the following:

❖ **INSURANCE POLICY:** We will bill insurance as a courtesy to our patients. It is your responsibility to make sure that your insurance policy covers the treatment you are receiving. You must clearly understand and agree that all services rendered to you are charged directly to you and that if any treatment is not covered by your policy, you are personally responsible for payment. _____

I agree to have True Health Medicine P.C. bill my insurance carrier/third party payor for their portion of the services covered by them. I understand that any discounts do not apply. I agree to pay my scheduled co-payment and/or the percentage not covered by my insurance policy. I authorize the provider to release to my insurance company any and all information necessary to process a claim. I further authorize that insurance payments be made directly to the provider. _____

❖ **PAYMENT AT TIME OF SERVICE OPTION AGREEMENT:** Payment in full is due at the time services are rendered. We offer a discount to patients who pay in full at the time of service. Any visit that is not paid for in full, including insurance billing, will be billed at our regular fee. This option is available to uninsured or out-of-network patients only. For patients covered by non-contracted insurance providers, we will give you a detailed receipt so that you can submit a claim to your insurance provider and they will reimburse you directly. _____

I agree to use this prompt payment option. I will pay in full at the time services are rendered. _____

Patient Printed Name: _____

Date of Birth: _____

Patient Signature: _____

Today's Date: _____