



RED CEDAR WELLNESS CENTER

Provider Fees and Services

Laura A. James, ND • Amy Bosworth-Patton, ND • Janile Martin, ND, ARNP, LAc

www.redcedarwellness.com

Tel: 425-451-0999 • Fax: 425-451-7399 • 1601 116th Ave NE • Suite 100 • Bellevue, WA 98004

Office Hours: Dr. James is available for appointments on Mondays, Wednesdays, and Thursdays. Dr. Bosworth-Patton is available for appointments on Mondays, Tuesdays, and Thursdays. Dr. Martin is available for appointments on Tuesday, Wednesday and Friday. None of our doctors is a primary care provider.

Visit consultations and fees: Most patients require a minimum of two office visits to establish a comprehensive treatment plan. Regular follow-up appointments are generally recommended. The first office consult which includes a comprehensive intake, review of medical records, physical exam, and initial treatment plan, generally lasts 60 minutes and ranges from \$200-\$350 depending on the complexity of your circumstances. Follow-up visits last 30-60 minutes and range from \$100-\$200. Acupuncture services are provided in conjunction with a physician follow-up visit. Manual Therapy visits are billed at \$23 per 15-minute increment, and must be paid in full at the time of service. Labwork and nutritional supplements are not included in these fees. Payment is due on day of service. We accept cash, checks and Mastercard or Visa. There is a \$25.00 fee for all returned checks

Telephone consultation: After an initial visit, telephone consultation appointments are available for those who live out of town or prefer telephone consultation. Telephone consults are on a cash basis only as insurance will not cover this service. Fees for a telephone consult are \$50.00 for each 15 minutes. Brief phone calls are accepted at no charge. Messages are checked daily and will be returned within 48 hrs.

Insurance Billing: Dr. Martin and Dr. James are credentialed by most major insurances. It is the patient's responsibility to check if Dr. Martin or Dr. James is covered by your specific insurance plan. If Dr. Martin is not listed or covered for Naturopathic services, insurance billing may be possible under her additional Nurse Practitioner status.

Medical Records and Confidentiality: Your medical records are confidential and require your written authorization before they can be released to other health care providers.

Appointment cancellations: We understand that circumstances occasionally arise that will change your plans. You may cancel at no charge if you call at least 24 hrs before your appointment. If you do not cancel or fail to come for your appointment, a fee of \$50.00 will be charged.

I have read and understand these guidelines and agree to the terms therein.

Signature_____

Date_____

Authorization to Release Healthcare Information

I request and authorize the following release of information:

PATIENT NAME: _____ Date of Birth _____

Information to be released by:

Physician's Name _____

Address: _____

Tel: _____

Fax: _____

Information to be released to:

Dr. Janile Martin

1605 116th Ave., NE, # 108

Bellevue, WA 98004

Tel: 425.451.0999

Fax: 425.451.7399

Information to be released:

Progress Notes

Lab Reports

Pathology reports

Imaging Reports

Other(specify) _____

Dates of treatment requested: _____

*Exclude the following information from the records released:

Drug/alcohol treatment/diagnosis

Sexually Transmitted Disease

HIV/AIDS testing/treatment

Mental illness or Psychiatric treatment

My rights:

I understand I do not have to sign this authorization to get health care benefits (treatment, payment or enrollment).

However, I do have to sign an authorization form:

- To take part in a research study
- To receive health care when the purpose is to create health information for a third party.

I may revoke this authorization in writing according to patient privacy procedures.. Once Dr. Janile Martin has disclosed health information the recipient may re-disclose it in some situations. Privacy laws may no longer protect the information. This prohibition does not extend to insurance companies.

Signature of patient and Date: _____

Relationship to patient if legally responsible: _____