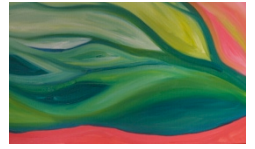




Living Medical Arts PLLC.

Mandy Gulla ND, LM, LMP



Financial Policy

We plan for your experience at Living Medical Arts (LMA) to be an excellent one. To further that goal, we want you to be fully informed about our fees and payment policies:

- Full payment for all charges is required at the time of service. In special circumstances, the doctor or staff may arrange differently.
- An encounter form will be provided to you at the conclusion of each visit. If you have insurance coverage you may use this form to help request reimbursement. We will not bill your insurance directly.
- For assistance with submitting your encounter form an independent biller will charge a small fee of \$11 per visit. If you have Washington State based health coverage office visits are often reimbursed to out-of-network providers at approximately 20-90%.
- Insurance companies do not usually reimburse office procedures such as IV and injection therapies and specialized testing.
- As a courtesy to clients, tests are offered at cost from the companies used. All specialized tests are paid directly to the lab company.
- For those with no insurance, basic tests drawn at LMA are offered at an approximate 35% discount through Labcorp/professional co-op, if paid at the time of service and depending on financial need can be discounted further as needed.
- Living Medical Arts PLLC. offers payment plan options for people in need.
- We accept payment by check, cash, MasterCard, Visa, Discover, or American Express. Checks or credit card payments that are denied will incur a fee of \$35.00.
- We reserve the right to make changes in our fees and/or policies without advance notice due to increases in expenses.
- We are committed to providing excellent quality economical health care. Thank you for selecting Living Medical Arts for your health needs.

Living Medical Arts PLLC.

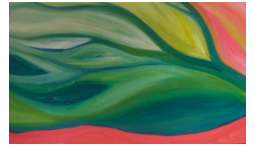
640 Mullis St. Suite 102C Friday Harbor, WA 98250 • phone: (360) 472-0447 •

www.livingmedicalarts.com Updated on 06-01-2017



Living Medical Arts PLLC.

Mandy Gulla ND, LM, LMP



_____ 1. Initial Visit: \$480.00

Approximately 1 hour and 50 minutes. Fee scale applies to phone visits; additional charges for supplement mailings may occur. This First Office Call price applies to patient visits after two years of absence.

_____ 2. Return Visits & Body Work, approximately 50 minutes: \$320

_____ 3. Phone, Email and Emergency Cell number outside of regular business hours:
Variable: \$60 plus the visit cost priced per time spent. **

***Email: Specific questions to clarify existing treatment that takes us less than 2-3 minutes do not incur an additional charge. Any question that takes longer will be charged to your account at visit rates. ***

_____ 4. Wellness Consults, approximately 50 minutes: \$320.00/hr.

Phone, Skype or email consultations are provided for established clients only under special circumstances determined by the physician. Phone and email fees are not charged in the following cases: when you require clarification of on-going therapy and when the doctor has asked you to call. *However, email consultations that require multiple communications will incur additional charges.* If there is any question about this service you are welcome to ask in your call or your email inquiry.

_____ 5. Cancellation Charge: We request a 48 hour notice and require 24 hours notice received during our normal business hours for canceled or rescheduled visits, or a charge at the rate of the missed visit, will be billed to you.

_____ 6. Insurance: All charges incurred at our office are your responsibility, regardless of insurance coverage. You are responsible to know your coverage.

_____ 7. Purchase & Return of Pharmacy Items: All pharmacy items must be paid for at the time of purchase. Credit on account will be given for unopened items in perfect condition if returned within 30 days. All other products can be donated to the clinic, but no credit will be given. Injectables, injection supplies, products packaged in the clinic, and birth control devices cannot be returned.

_____ 8. Mailing of Pharmacy Items: We will mail you items for a handling fee of \$10.00 plus postage. Unfortunately, we cannot be responsible for your reception of these items. No refund can be made, or unpaid replacement sent, if the items fail to reach you.

_____ 9. Other Services: Please visit www.livingmedicalarts.com, or call 360-472-0447, for complete listing of services.

Living Medical Arts PLLC.

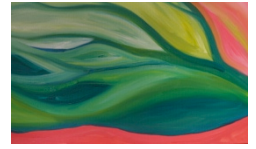
640 Mullis St. Suite 102C Friday Harbor, WA 98250 • phone: (360) 472-0447 •

www.livingmedicalarts.com Updated on 06-01-2017



Living Medical Arts PLLC.

Mandy Gulla ND, LM, LMP



____ 10. Interest Fee: If, for any reason, payment in full is not received at the time of service, an interest charge of 1% will be charged after 30 days of non-payment. This charge will accrue each month until the balance is paid. If a phone, email consultation was not paid at the time of service, no interest will be charged if balance is paid prior to 30 days. Prearranged payment plans will accrue interest on unpaid balances.

11. Normal Business Hours:

Island Hours (All Times Depend on the Ferry Schedule):

San Juan Island, WA: Monday: 10 AM – 5 PM

Tuesday: 9 AM – 5 PM

Wednesday: 9 AM – 5 PM

Thursday: 12 - 3 PM

12. Messages: All messages will be returned as soon as possible. Please allow 24-72 hours to reply to messages within our normal business hours. Urgent messages left during our stated business hours for the day will be responded to within that day if we are able to reach you or your phone machine. If you have not received a reply to a message, and your need for assistance becomes urgent, please call 911.

____ 13. A copy of all lab findings is given during your visit. Requests for additional copies will be billed at a rate of \$0.50 per page plus any shipping costs.

____ 14. Any additional paperwork that you may require completion of by our doctors or by a member of our staff, will be billed \$30.00 for every 15 minutes dedicated to it.

____ 15. Senior/Student/Financial Hardship discount FOV \$420, ROV \$280.

I agree to make payment according to the policies of Living Medical Arts PLLC. I understand that payment is due in full at the time of service. By receiving a service at Living Medical Arts PLLC. I am agreeing to pay for that service even if my insurance company denies payment. I give permission for the release of information requested by my insurance company to assist in processing my insurance claims.

Patient Name (Please Print)

Signature of Patient or Guardian

Date