

*It is our privilege to be your healthcare provider. If you have questions or concerns regarding this policy or your bill, please contact the Business Office at 425-485-3955.*

**SERVICES**

- Allergy Management
- Annual Physicals for Adults & Children
- Biopsies and Minor Procedures
- Chronic Illness Care
- Diabetes Managements (NCQA Certified)
- Nutrition & Diabetic Counseling
- On-site Lab, X-ray, Ultrasound, and DEXA
- On-site EKG, Spirometry, and Bladder Scans
- Pediatric Care – from Birth to Adolescence
- Podiatry and Foot Care Including Surgery
- Pulmonary and Respiratory Care
- Sports Medicine
- Vasectomy, IUD Insertion, Colposcopy
- Women’s Health Care



**DRIVING DIRECTIONS**

**TOTEM LAKE**  
425-821-4040

12710 Totem Lake Blvd NE  
Kirkland, WA 98034

Hours:  
M-Th: 8AM – 7PM  
F: 8AM – 5PM



**SOUTHBOUND I-405:**

- Take the NE 124th Street Exit, #20.
- Turn left onto NE 124th Street.
- Cross over I-405 and across railroad tracks.
- Make a sharp left onto Totem Lake Blvd.
- Proceed 2 to 3 blocks. Our building is on the right.

**NORTHBOUND I-405:**

- Take the Totem Lake Blvd/NE 124th Street Exit, #20B.
- Stay in the lane for Totem Lake Blvd
- Turn left onto Totem Lake Blvd.
- Proceed 2 to 3 blocks. Our building is on the right.

**BOTHELL**  
425-486-9131

10025 NE 186th St.  
Bothell, WA 98011

Hours:  
M-F: 8AM – 6PM  
S: 9AM – 4PM



**SOUTHBOUND I-405:**

- Take the SR-522 West/Exit #23B towards Bothell.
- Merge onto SR-522 West.
- Turn right at the 3rd light onto the Bothell Everett Hwy / SR-527 / Bothell Way NE.
- Turn right onto NE 185th St. @ yellow blinking light.
- Go half block and our building is located on the left.

**NORTHBOUND I-405:**

- Take the SR-522 East/Exit #23 towards Bothell.
- Keep left at the fork on the ramp.
- Merge onto SR-522 West.
- Turn right at the 3rd light onto the Bothell Everett Hwy / SR-527 / Bothell Way NE.
- Turn right onto NE 185th St. @ yellow blinking light.
- Go half block and our building is located on the left.

*Financial Policy*

## **INSURANCE AND REGISTRATION**

We participate with most major insurance carriers. It is our expectation that you provide us with a correct address, phone number, photo ID and a copy of your current insurance card at each visit. We will be taking your photo for our records. This enables us to accurately bill charges on your behalf and protect you against identity theft. You will receive a paper statement each month for any balance due on your account. This includes amounts for any service billed to your insurance which has not been paid after 90 days from the date of service. Insurance coverage is a contract between you and your insurance carrier; your involvement is expected on an unpaid claim older than 90 days. We cannot accept responsibility for non-covered insurance claims or negotiating a disputed claim.

## **COLLECTION OF INSURANCE CO-PAYMENTS**

Co-pays, co-insurance, and any patient responsibility balance are due at time of service. For your convenience we accept Cash, Debit Card, Visa or MasterCard.

## **NEW PATIENTS WITHOUT INSURANCE**

If you are a new patient without insurance coverage or without proof of insurance the deposit for the visit will be \$200. This amount may not be the total charges associated with your visit. If you have lab, x-rays, additional tests, or a higher level of service, those charges will be invoiced to you. Payment in full is requested for patients that live out of state.

## **ESTABLISHED PATIENTS WITHOUT INSURANCE**

If you are an established patient without insurance coverage or without proof of insurance you are expected to pay a \$125 deposit in advance of your visit.

## **MOTOR VEHICLE AND THIRD PARTY BILLING**

Motor vehicle and third party injury claims are your financial responsibility. We will provide documentation for you to submit as evidence of services rendered. We do not do third party billing.

## **ANNUAL PHYSICAL AND PREVENTIVE CARE**

If you are here for an annual Physical Exam, preventive medicine coding varies based on the type of visit. Some, but not all, insurance carriers will reimburse both preventive and problem-oriented services on the same date. If your insurance does not cover some or all of these charges, you will be billed directly for the balance. We do not have access to your specific insurance coverage, so please be aware of what is covered by your plan. Medicare does not provide reimbursement for an annual physical or other preventive service.

## **PODIATRY CARE-SPECIALIST**

Patients who need podiatry medical or surgical care have to check with their insurance to verify coverage. We require payment in advance for Podiatric care not covered by your insurance.

## **PULMONARY AND ALLERGY CARE SPECIALISTS**

Patients who need specialty care in pulmonary or allergy have to check with their insurance to verify coverage. We require payment in advance for specialty care not covered by your insurance.

## **MISSED APPOINTMENT WITHOUT APPROPRIATE NOTICE**

We require 24 hour notice if you need to cancel or reschedule your appointment. If appropriate notice is not provided you may be subject to a \$100 charge.

## **SPECIAL PAYMENT ARRANGEMENTS**

We understand there are times you may not be able to pay your bill in full. It is your responsibility to call our Business Office to make special payment arrangements. We will require your balance be paid in full over a four month period. Failure to maintain financial accounts in good standing or account balances in excess of \$1000 may result in termination of medical care. Delinquent accounts are turned over to a collection agency following a 90-day final notice and expiration of a 10-day grace period. Care will be terminated for all family members on accounts that are sent to collection.

## **RETURNED CHECKS**

There will be a \$35 charge for checks that are returned due to non-sufficient funds (NSF).