EcoMedica

Dr. Susan L. Marra
MS, ND, ABAAHP

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FINANCIAL RESPONSIBILITY & FEE SCHEDULE

We require this form to be fully completed and signed by all patients prior to their initial consultation. We greatly appreciate your cooperation, as this is a fee for service medical specialty practice. Please contact the office with any questions that you may have regarding any of the following issues:

FINANCIAL RESPONSIBILITY

Dr. Susan L. Marra is not affiliated with any insurance policies or companies, including HMO, PPO, POS, Medicare, Medicaid or any other insurance plans. Dr. Marra's office does not submit insurance claims nor is assignment accepted. If you have questions regarding insurance, we ask that you call your insurance carrier specific to your plan. All services rendered are fee for service and payment is expected at the time of the service. You will receive an insurance compliant receipt to submit to your insurance company at every appointment, whether it be in the office or telephone. By signing below, you understand that you are personally responsible for any and all fees incurred with the consultation and/or medical services rendered by Dr. Marra. These may also include: supplies, supplements, and other services provided. Please note that blood draws and testing will be billed to you separately by the laboratory that performed the blood draw and any specific tests ordered by Dr. Marra.

Please Initial:_____

SCHEDULING & APPOINTMENTS

Please be on time for all of your appointments (Office/Phone/Video). **Patients are not permitted to go longer than 8 weeks without a follow-up office appointment or phone consult.** If you have a phone appointment, Dr. Marra will call you at the scheduled time. Routine labs are required to be completed at least **48 hours prior** to your scheduled appointment. Failure to do so will result in a **$25.00 fee** that will be applied to your appointment fee. A copy of your credit card will be required as a patient, and will be kept on file. This credit card will be charged in the event of failure to follow any of the office policies listed below or on the office guidelines.

*Please Initial:*_____

CANCELLATIONS/LATENESS/NO-SHOW

PATIENT APPOINTMENTS: ALL appointments must be cancelled at least 3 business days prior to the scheduled date or the ***full appointment cost will be charged*. We are open Mon, Tues, Thur, Fri. Please give us three of *our business days* of notice. We are not open Wednesdays; please take that into consideration when cancelling.**

The same applies if you do not show up for your appointment or you cannot complete your consent forms and return them to the office one week prior to your appointment. If you are running late, please call the office at **(206) 299-2676** to notify us, and we will determine if you are able to keep or reschedule your appointment. This allows Dr. Marra to better provide the care that is required, as well as ensures fairness for everyone.

PATIENTS WHO SCHEDULE AND FAIL TO KEEP THREE APPOINTMENTS IN THE SPAN OF ONE YEAR WILL BE DISMISSED FROM THE PRACTICE. This is to ensure fairness to both the physician, and other patients needing to be seen by Dr. Marra. Please be mindful of the needs of others.

*Please Initial:*_____

PHONE CALLS & TEXTS

We do our best to return all calls made to the office, however, if you have questions that can be answered at your appointments, we would prefer that you write a list of your questions and Dr. Marra will address them at your appointments. **We are not a primary care practice and encourage you to call your primary care doctor or specialist for all concerns and questions related to treatments and problems outside of your protocol.** Please refer to the fee schedule. Please call the office at (206) 299-2676 for assistance.

*Please Initial:*_____

FEE SCHEDULE

(Please initial each stating that you understand and agree)

A deposit of $315 is required at the time if scheduling for all new patient appointments. *This amount will be applied as a credit towards the total cost of the initial visit.*

Initials_____

All appointments are $340.	$340.00	Initials_____
Last minute cancellations/No Show	$340.00	Initials_____
Emergency Phone/Video Consults:	$345.00	Initials_____
Medical Records Release/Billing Records:	$ 50.00	Initials_____
Letters/Work/School/Grants/Misc Documents:	$100.00+	Initials_____
Returned Checks:	$ 25.00	Initials_____
Dr. Marra Interface with your Attorney:	$7,000.00+	Initials_____

PAYMENT

PAYMENT IS EXPECTED AT THE TIME OF SERVICE IN THE FORM OF CASH, CHECK, VISA or MASTERCARD.

I HAVE READ, UNDERSTOOD AND HAVE RECEIVED A COPY OF THE FINANCIAL RESPONSIBILITY & FEE SCHEDULE:
**(For all minors under the age of 18, we require both parents/guardians to sign and date)*

Patient's Name (*Please Print*)**:**_____

Patient's Signature: _____ **Date:**_____

Parent/Legal Guardian Signature: _____ **Date:**_____

Parent/Legal Guardian Signature: _____ **Date:**_____

Adam F Marra