

Children's  
Homeopathic  
Clinic

15615 Bel-Red Rd  
Bellevue, WA 98008  
(425) 881-8929  
[www.childhomeopathy.com](http://www.childhomeopathy.com)

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## Fees and Services Not Covered By Insurance Waiver and Explanation

PLEASE READ CAREFULLY. IF YOU DO NOT FULLY UNDERSTAND PLEASE ASK STAFF FOR FURTHER EXPLANATION.

Patient \_\_\_\_\_ Date \_\_\_\_\_

Guardian Name (if applicable) \_\_\_\_\_

**Dates of service:**

**Service:** Constitutional Evaluation

**Cost of service:**

\_\_\_\_ **Insurance Payment for Services**

The constitutional evaluation exceeds the time and content limitations set by insurance companies. Your insurance carrier considers a portion of the information gathered to be medically unnecessary and investigational. We will bill your insurance company for medically necessary services as appropriate. We routinely bill insurance companies for a portion of the first office call.

\_\_\_\_ **Payment for Outside Labs**

Your insurance carrier may or may not cover all charges for either the test or the laboratory we choose. We appreciate payment for labs before the test is submitted.

\_\_\_\_ **Cancellation Fee**

A \$100 deposit is required for all first time appointments. This deposit is refundable only if three-business days notice are given for cancellation or change of date. We also require one business day's notice for a return visit (i.e. you must notify us by Friday morning for a Monday cancellation) For return patients, we reserve the right to charge a \$50 late cancellation fee.

I have read the above and agree to assume responsibility for charges incurred from treatment at Children's Homeopathic Clinic. I authorize my insurance company to pay physicians at this clinic for services rendered. I agree to pay for services regardless of the insurance company's determination of benefits.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

**Payment is expected at time of service. Thank you.**