

Insurance and Communication Consent

The naturopathic practitioner whom you are consulting, Jamine Blesoff, ND (hereby known as the practitioner), is part of a multi-disciplinary team. While the Practitioner is licensed as a naturopathic physician in the state of Washington (License NT-60189964), the state of Illinois does not yet offer licensure for naturopathic physicians.

Insurance

We are pleased to be able to offer a collaborative agreement with the licensed physician in our practice, Dr. Richard Bryan, to order laboratory tests. Some of these tests may be billed through insurance. *Please initial the following:*

_____ I understand that I am financially responsible for all charges whether or not paid by insurance. The Practitioner accepts cash, check, or credit card (Visa, MasterCard, or Discover) payment at the time of service.

_____ I understand that it is my responsibility to determine laboratory coverage and the Practitioner is not responsible for any charge billed through insurance deemed non-covered.

_____ I acknowledge that the Practitioner's visit fees are not eligible for reimbursement by insurance. Insurance generally provides payment for visit services delivered by providers licensed to provide healthcare in the state in which services are rendered. CPT or ICD codes for visits cannot be provided.

We are happy to provide you:

- Receipts at checkout which may be used for FSA or HSA submission for visit fees or lab tests. Both are typically eligible for reimbursement under these plans, but there is no guarantee of coverage, as individual policies vary. Please request an FSA or HSA receipt if desired while checking out or through the front desk. Keep in mind that supplements, herbals, or homeopathics are generally NOT eligible for reimbursement through HSA and FSA accounts.
- Receipts for some specialty tests may be eligible for an insurance friendly receipt. Please request such a receipt from the Practitioner.

Communication

It is our goal to provide thorough and clear communication. If you have questions, do not hesitate to contact the office.

Phone policy: if questions arise outside of scheduled visits, please call the office. Your call may or may not incur fees based on the nature of the call. Those requiring case management or discussion of new concerns may be billed at the usual follow up rates.

Email policy: please use telephone communication as the default method of communication. Follow up recommendations, changes to recommendations, requests for laboratory orders, or recommendations for new concerns are not provided via email. With all electronic communication, there is the chance for conversations to be lost. If you do not receive a response from our office within 24-48 hours of your inquiry, please call the office.

Please initial the following:

_____ I understand that if I correspond with the Practitioner via email, this is unsecure and may result in sensitive medical information being compromised.

_____ I acknowledge that the Practitioner does not offer after-hours service or provide hospital based services. If I have difficulty with any aspects of my work with the Practitioner, I understand that I should call during business hours to discuss any concerns I have. Fees may be charged as outlined above.

_____ It is my responsibility to follow up within a recommended time period for evaluation of progress or to change recommendations periodically. The Practitioner cannot be held responsible for missed follow up consultations which may have resulted in changes to recommendations.

NOTICE TO WOMEN: All female patients must alert the Practitioner if they know or suspect that they are pregnant as some of the recommendations could present risk.

Name (Please print)

Signature

Date