

Dr. Katy Koukouras  
Integrative Health Associates, LLC  
located at Sky Valley Healing Arts  
209 Ave D, Suite 100B, Snohomish, WA 98290  
360-863-2152, F 360-863-2364

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[drkatykoukouras@gmail.com](mailto:drkatykoukouras@gmail.com)

## **Patient Financial Agreement**

**Please read the following financial agreement and initial at each designated location to indicate your understanding and compliance with the financial policies of Dr. Katy Koukouras, THANK YOU!**

### **Naturopathic Office Visits: variable depending on time and complexity**

- First office visits are an extended visit; allow approximately 1½ hours.
- Return office visits may or may not be considered extended depending on time and complexity of visit, please allow approximately 1 hour for this visit.
- For an estimate on pricing please contact our office.
- Extended visits: In order to provide optimal health care for your family extended time is often required. This time will be reflected on your insurance Explanation of Benefits. If you have questions about the extended time please contact the office.
- INITIAL HERE

### **IV (intravenous) Micronutrient Therapy Services:**

- IV and or injection services performed at Dr. Katy Koukouras are not generally considered to be a billable use of IV/ Injection therapy with respect to insurance coverage.
- Usual and customary Evaluation and Management or other medically necessary services may be billable to insurance, dependent on each particular plan, but IV/ Injection services and supplies can not be billed.
- I understand that this requires payment in full for all IV/ Injection services at time of service, and I additionally understand that I may not attempt to bill my own insurance company for any of these IV/ Injection services.
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### **Lab Processing/ Services:**

- Every insurance plan varies in regards to coverage of laboratory testing.
- While basic phlebotomy is often a covered and billable service, standard copays apply.
- Laboratory processing of samples is not covered or billable and a processing fee may be applied to your bill.
- Dr. Katy Koukouras utilizes several laboratory/ testing options that are not directly billable to your insurance company, payment in full for these labs will be due at time of service. We are happy to provide you with all the necessary codes and information so you may attempt to bill your own insurance company for these lab tests.
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### **Phone Consultation:**

- These fees are applied when consultations are conducted over the phone instead of an office visit.
- The cost varies dependent upon time spent and complexity and while they are billed the same as an in-office visit a Time of Service discount may be applicable.
- If there are any questions about this service, please ask at the time of the call.
- Please be aware that insurance does not cover phone consultation.
- INITIAL HERE

- Email can be a convenient way to get some of your questions answered, We are happy to accommodate but **PLEASE NOTE:** only emails that are for scheduling appointments or that contain questions where the reading and the answering of the email takes less than or equal to 3 minutes, (that are quick yes or no answers or confirmation of a dosage of a previous treatment) will still be complimentary. All other email issues/ questions or concerns will be billed in 15 minute increments, for example: 3 minutes – 15 minutes: \$35.00, and 16 minutes – 30 minutes \$70.00

- There is a \$50 fee with less than 24 hour notice.
- Full fee will be charged if no notice is received.
- For IV patient visits: you will be charged for the full IV visit including price of medication if canceled or no show with less than 24 hours notice

- Payment for visit co-pays and/or medication and supplies is to be rendered at time of service and can be made by credit card, cash, check, or money order.
- If medications are mailed to you, a postage and handling fee will be added to the cost. Payments can be made by credit card, cash, check, or money order.
- There is a minimum billing fee of 12% APR, whichever is greater, for account balances due beyond 30 days.
- There is a \$35 NSF fee on all returned checks.
- Patients will be held responsible for non-payment by their insurance company. Accounts unpaid by the insurance company greater than 90 days will be billed to the patient.
- Outstanding balances greater than 120 days will be turned over to a collection agency unless prior arrangements have been made in writing.

**IF I HAVE INSURANCE, I UNDERSTAND THAT I AM RESPONSIBLE TO READ MY MEDICAL BENEFIT BOOK AND UNDERSTAND IT. WHEN APPLICABLE, I AM RESPONSIBLE TO PAY A PERCENTAGE OF THE COST OF MY VISIT AT THE TIME OF TREATMENT. I AGREE THAT I AM FULLY RESPONSIBLE FOR THE TOTAL PAYMENT OF ALL PROCEDURES PERFORMED IN THIS OFFICE. THIS INCLUDES ANY TREATMENT THAT IS NOT A BENEFIT OF ANY MEDICAL INSURANCE THAT I MAY HAVE.**

Client Signature	Print Name	Date