



Dr. JJ Pursell
Naturopathic Physician & Licensed Acupuncturist
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Portland, OR 97214
503-234-7801

Payment Policy:

PAYMENT IS DUE AT TIME OF SERVICE

Unless you have ODS, LifeWise, or American Specialty Health

I am committed to providing you with the best possible care. This information is designed to guide you through the rapidly changing world of alternative care and insurance plans. **Please read carefully and sign at the bottom of the page indicating your understanding and acceptance of my policies and procedures.**

If you have insurance other than what is listed above, I can provide you with a Superbill to submit your claim for reimbursement. My Superbill is suitable for your insurance company. We will have you pay for any **deductibles and co-pays** required at the time of service.

PAYMENT IS DUE AT THE TIME OF SERVICE UNLESS PAYMENT ARRANGEMENTS HAVE BEEN MADE AND APPROVED IN ADVANCE.

Please Understand that:

1. Your insurance is a contract between you, your employer, and the insurance company. I am not included in your contract.
2. Not all services are covered by all insurance policies. Some companies select certain services that they will not cover.
3. The "Usual and Customary Charges" that may be quoted by your insurance company are charges that have been determined and set by your insurance company. They do not necessarily reflect my fees.

I must emphasize that as a health care provider, **my relationship is with you**, not your insurance company. While filing your insurance claims for our patients is a courtesy that was extended, all charges are your responsibility from the date service is rendered. I do realize that there are times that a temporary financial problem may affect your payment of your account. In that case, PLEASE, contact our financial advisor for assistance so that we may be able to set up payment options for you.

FEE SCHEDULE:

Initial Visit: \$150
Return Visits: \$85

REGARDLESS OF ANY INSURANCE COVERAGE THAT I MAY HAVE, I AGREE THAT IT IS MY RESPONSIBILITY TO PAY MY BALANCE AND WILL PAY ANY BALANCE DUE. I UNDERSTAND THE FEE SCHEDULE PRESENTED TO ME.

Signature: _____ **Date:** _____