LAURA ALICE SHELTON, N.D. EMILY SHARPE, N.D. Natural Health Clinic 1707 F Street Bellingham, WA 98225 (360) 734-1560

FINANCIAL AGREEMENT FOR PATIENTS WITH INSURANCE

I,	, being a	patient of Dr. Laura	
Shelton/ Dr. Emily Sharpe do hereby an arrangement between the insurance	•	nealth insurance policy is	
I understand that it is my responsibility to know and understand my insurance policy, its requirements and its benefits.			
I understand that certain services may not be covered by my insurance under the terms of my policy. I understand that I am responsible for all bills incurred at this office and I agree to make financial arrangements with my practitioner to pay for any services not covered by my insurance policy. I understand that pharmacy costs are almost never covered by any insurance company, and I am therefore aware that payment for pharmacy is due at the time of purchase. Although my insurance billing is my responsibility, I understand that as a courtesy, Dr. Laura Shelton's/ Dr. Sharpe's staff is willing to pursue collection for services from my insurance company on my behalf. I understand that re-billing and any appeals processes are my responsibility. If attempts to collect from insurance companies for services rendered have been unsuccessful, it is my responsibility to pay Dr. Shelton/ Dr. Sharpe within 3 months of the date of service.			
			I authorize payment of all medical be Dr. Sharpe.
Dated in Bellingham, WA, this	day of	, 2010.	
(Patient's signature)			
Insurance Plan:			
Insured's Name:			
Insured's I.D. Number:			
Policy or Group number:			