

William F. Corell, M.D.

Family Practice • Holistic & Preventative Medicine • Bio-Energetics

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OFFICE POLICY

Our policy is cash, check or bankcard at the time of service, with the exception of Premera/Blue Cross if your contract provides the coverage for office visits.

INSURANCE: Each patient should check with his/her insurance carrier to determine eligibility and to clarify insurance coverage. Most private insurance companies pay only a portion of the medical charges. Even though insurance is carried, the patient is responsible for the payment on the day of service. You will be reimbursed directly by your insurance company, with the exceptions in the first paragraph. You will be expected to make payment on the day of service. Some secondary insurances are paying when you bill. Each one is different so be sure to check with your own company. If Medicare or DSHS is your primary insurance, you will need to sign a private contract with Dr. Corell. This contract states that you understand Dr. Corell has opted out of the Medicare and DSHS programs. This means we cannot bill Medicare or DSHS, nor can you, for services rendered from this office.

APPOINTMENTS: In order to serve you better and keep the cost of medical care down, we have developed an efficient appointment system. However, our cost of providing care increases greatly when people fail to keep scheduled appointments or cancel at the last minute. We make every effort to respect the time reserved for the people we serve and ask for the same courtesy in return. ***Please help us control our costs by being on time for your appointment or giving us 48 hours notice if there is a need to cancel, or you will be charged the full price of the appointment that you missed.***

SUPPLEMENTS: For our patients' convenience, we do sell nutritional supplementals and homeopathics, which are recommended by our health care providers. If you choose to purchase from us, you need to be aware of our no return policy on opened and used products. We will, however, refund on unopened products if returned within 30 days of purchase date.

I hereby acknowledge by this statement that I have been fully informed that some and perhaps all of the medical services provided by William F. Corell, M.D. and his associates may be "non-covered" services and I will be personally responsible for payment to Dr. Corell for all such services. I agree to pay for all of the medical services that Dr. Corell and I decide should be performed for me. Even if Medicare, DSHS and/or other medical insurance should decide afterwards that these services do not conform to their definition of necessary in the language of Section 1842 of the Social Security Act.

Dr. Corell does not work with hospitalized patients, but would be happy to assist you with specialty consultation. We may not be available for consultation after hours. In the event of an emergency, please utilize Deaconess or the emergency facility of your choice.

I HAVE READ AND UNDERSTAND AND AGREE TO THE ABOVE POLICY

Signature of patient or patient's authorized representative

Date signed

Relationship or status if signed by anyone other than patient