

Catherine M. Gurski, ND, MSOM, LAc.
1962 NW Kearney, Suite 102
Portland, OR 97209
503-274-4360

Financial Policy

1. All payments including co-pays are due at the time of service, unless special arrangements have been made prior to the visit.
2. Cash, checks, Visa and MasterCard are accepted.
3. As a courtesy, my office will bill your insurance company for you. However, an insurance contract is between you and your insurance company. Therefore, you are financially responsible for anything your insurance does not cover.
4. All supplements, herbs, and vitamins must be paid for at time of receipt.
5. You are responsible for prompt payment of your account.

Personal Injury/Motor Vehicle Accidents

1. Personal injury and auto accident cases will be billed to your auto insurance company, providing a claim has been filled and the appropriate paperwork has been completed. This includes a Personal Injury Protection (PIP) from, and any other forms required by your insurance company.
2. We do not do third party billings to other insurance companies.
3. If you choose not to file a claim with your auto insurance, or are uninsured, your account will be treated as a cash account, and all fees will be due at the time of service.
4. Supplements, herbs, and vitamins are not covered by insurance companies and must be paid for at the time that they are received. A receipt is available for submission to a flex plan account.

Workers' Compensation Claims

1. All workers' compensation cases will be billed directly to the insurance company, providing the appropriate paperwork has been filed out and a claim is filed with your employer. If the claim is denied, we will bill your private insurance carrier, if you have applicable coverage. Please note that if your claim is denied you are responsible for prompt payment of your account.

Missed Appointments

1. We request at least 24 hour notice when appointments must be cancelled or rescheduled, except in cases of illness or family emergency. **There is a \$50 charge for missed appointments or cancellations with less than 24-hour notice.** As a courtesy, patients are called or texted to remind them of their appointment, but if you do not receive a reminder call, you are still responsible for your appointment.

I have read, understand and agree to Dr. Gurski's financial policy. I authorize the payment of benefits to Catherine M. Gurski, ND, MSOM, LAc.

Patient/Guardian Signature

Date