

Rainier Valley Natural Medicine
phone ♦ (206) 723-7434

Statement of Finances and Insurance Coverage

Name of Patient: _____ DOB: _____

I am requesting a sliding scale concession for myself or my child based on the following reason(s): [Check all that apply]

- DSHS/Medicare
- Private insurance without coverage for naturopathic medical care
- No current medical insurance
- Financial Hardship (please explain)
- Other (please explain)

This agreement will expire 12 months from sign date and will need to be renewed each year, or sooner if financial situation or insurance coverage changes.

Based on the sliding fee structure (on reverse), my income, and family size, I agree to pay according to this scale: _____. The minimum payment for any service is \$25.00, additional costs will be determined by the type, length, and complexity of our visit. A super bill copy will be provided on request so that I am familiar with typical fees.

I agree to pay at the time of service or by payment arrangement with Rainier Valley Natural Medicine. For further questions regarding cash payments, I may contact Rainier Valley Natural Medicine.

Signature of Patient/Parent/Guardian Date: _____

Rainier Valley Natural Medicine
 (206) 723- 7434 phone ♦
 Sliding Scale Selection and Associated Fees

Visit Fees:

New patient visit (General wellness/Annual Exam)	\$200
Return patient visit	\$100
Acute visit (new and return)	\$150
Physical Medicine (new patient visit)	\$125
Physical Medicine (return patient visit)	\$75 (price not available under scale)

Please select a fee structure based on annual income and family size:

- Slide 1: \$15 Co-pay, plus 10% of balance
- Slide 2: \$10 Co-pay, plus 20% of balance
- Slide 3: \$10 Co-pay, plus 40% of balance
- Slide 4: \$10 Co-pay, plus 60% of balance
- Slide 5: \$10 Co-pay, plus 75% of balance

• Based on 2013 Federal Poverty Guidelines

Size of family unit ↓	1	2	3	4	5+
1	\$11,490	\$15,281	\$17,235	\$21,256	\$28,725
2	\$15,510	\$20,628	\$23,265	\$28,693	\$38,775
3	\$19,530	\$25,974	\$29,295	\$36,130	\$48,825
4	\$23,550	\$31,121	\$35,325	\$43,567	\$58,875
5	\$27,570	\$36,668	\$41,355	\$51,004	\$68,925
6	\$31,590	\$42,014	\$47,385	\$58,441	\$78,975
7	\$35,610	\$47,014	\$53,415	\$65,878	\$89,025
8	\$39,630	\$52,707	\$59,445	\$73,315	\$99,075

**For family units with more than 8 members, add \$4020 for each additional member