

**Naturopathic Dermatology**  
**Christa Lamothe, N.D.**  
**324 Main Street, Edmonds, WA 98020**  
**(mailing address: P.O. Box 102, Edmonds, WA 98020)**  
**Telephone: (425) 361-1795**

### **Provider Guidelines and Patient Financial Agreement**

Please read this form carefully, and ask if you have any questions. Initial and date at the bottom of each page.

**Payment:** Dr. Christa Lamothe does not contract with health insurance companies and our office does not submit claims to health insurance companies. Payment is due at the time of service.

By not processing service claims or participating in billing for services, we are able to save on the considerable amount of time and resources which would otherwise be invested in these activities. We pass these savings onto the patient by offering our discounted fees for services as outlined below.

If the patient wishes to seek service reimbursement from their health insurance carrier, we will complete a complimentary form (“superbill”) for the patient to submit directly to their insurance company for potential reimbursement. We will complete this form upon request by the patient at the end of the service.

It is the patient/subscriber’s responsibility to learn of reimbursement possibilities through their health insurance carrier and to follow-up with their carrier. Any administrative work involved in seeking health insurance reimbursement and approval or other correspondence with health insurance carriers or any other organizations or businesses for reimbursement or other purposes will be charged separately at the standard **bookkeeping rate of \$55/hour**.

In order to keep our office visit costs discounted, we are offering administrative services as needed and at a separate rate:

- Completion of a health form for school, work or other or organization: **variable – average \$25 - \$50**
- Copy and/or transfer of medical records to self, health insurance company, or other medical office: **variable depending on size of file – average \$25 - \$50**

### **SERVICES & FEES (subject to periodic change)**

**Medical Consultation:** Dr. Lamothe provides comprehensive medical consultation for women, men, and children. This appointment is appropriate for those seeking an in-depth analysis including a thorough health intake, examination, diagnosis and treatment of medical skin conditions and related health concerns. For those who cannot visit our office, phone consultations are available on a case-by-case basis and billed the same as rates listed below. Please call the office to see if phone consultation is appropriate for you.

- **First Office Visit (60 minutes): \$240**
- **Typical Return Office Visit (30 minutes): \$120**
- **Extended Return Office Visit (up to 60 minutes): \$180**

**Skin Care Consultation:** Learn how to topically care for and achieve healthy looking skin in a natural, non-invasive way. This visit is appropriate for those wishing to address general, topical skin care and rejuvenation and does not address internal medical conditions or underlying health problems.

- **30 minutes: \$120**

**Procedures:** A Procedure Appointment is solely for the removal of certain skin lesions and growths. Prior to making a procedure appointment, the lesion must first be examined during a Medical Consultation or Skin Care Consultation with Dr. Lamothe so that:

- The lesion can be examined to see if removal is appropriate or perhaps other treatment or a referral.
- The doctor will discuss types of removal options.
- The doctor will discuss preparation for the procedure appointment.

After the Medical Consultation, a Procedure Appointment may be scheduled. The session lasts 40-60 minutes and consists of one or two 20-minute actual procedure time increments depending upon the type and quantity of removals needed.

- **Procedure Visit: \$95 - \$190**

NOTE: Dr. Lamothe removes warts and small, cosmetic, benign lesions such as telangiectasia (superficial facial capillaries), “age spots” or “sun spots”, ruby points, seborrheic keratoses and skin tags. She does not perform incision removals that may be warranted for larger, deeper growths and does not treat or remove cancerous growths. Appropriate referrals will be made for management of lesions and growths which Dr. Lamothe does not treat.

**Other services:** Other services performed by Dr. Christa Lamothe such as appointments that are longer than 60 minutes; written reports and summaries; review of records; communication with other professionals, insurance carriers or organizations on your behalf; and correspondence or consultation with any party regarding your healthcare are billed at a rate of \$240/hr.

**Diagnostic testing and prescriptions:** Dr. Christa Lamothe may initiate certain medical testing and prescription authorization during the course of your care however, she will not be able to provide periodic prescription refill authorizations and lab orders. Any medications prescribed are generally for short term treatment. From time to time, Dr. Lamothe will be away from her practice for extended periods as she is involved in numerous projects to bring her more holistic, natural approach to attaining healthy skin a wider base. For those needing a prescription or lab testing on an ongoing basis, you will need to book an appointment to discuss this with Dr. Lamothe so that she can help you to attain proper ongoing care.

**Refreshing Facial Treatments:** Dr. Lamothe customizes each treatment according to one’s facial needs. Each is an intensive treatment designed to rejuvenate and aid in producing healthy skin and also offer a period of rest and relaxation. For maximum benefits, weekly treatments are recommended for one month and monthly maintenance treatments thereafter. These sessions do not address internal treatment of skin problems or underlying medical conditions.

One may experience warming, tingling and mild stinging while treatment is administered. Dr. Lamothe has taken care to design natural, rejuvenating treatments that are effective but do not cause down time with significant peeling. We recommend booking a session when you will not apply make-up or wash your face for the remainder of the day so the therapy may continue to work throughout the night. Appropriate for most skin types but those with highly sensitive, reactive skin or with a condition such as eczema, other types of dermatitis and infectious conditions should avoid until skin has healed. Please arrive with a make-up free face.

- **30 minutes: \$70.00 per treatment (or \$252 for a series of 4)**

Dr. Christa Lamothe Guidelines and Financial Agreement

Initial & Date \_\_\_\_\_

**Cancellation fee:** Your office visit time is set aside solely for you. Dr. Lamothe does not double book appointments. If you need to change your scheduled appointment, please call us a minimum of 24 hours prior to your appointment. There is a \$50 fee if you cancel fewer than 24 hours beforehand. If notice is not received then, a full appointment fee will be charged. Please note that by providing us notice, it allows us to provide your time slot to another patient and is greatly appreciated.

**NSF fee** – There is a \$35 Not Sufficient Funds fee on all returned checks.

- 1) **I have read, understand, and agree, with the above guidelines and financial terms. I understand that I am responsible for all fees and charges incurred as described above and agree to pay for all services received, and**
- 2) **I understand that fees for laboratory work, imaging, and supplements are not included in the office visit fees. Also, generally, supplements are not covered by insurance, and**
- 3) **I authorize the release of any medical records that may be necessary for medical care or processing of claims, and**
- 4) **I understand that Dr. Lamothe does not promise a cure of health conditions and that she will inform me to my satisfaction about the benefits, risks and alternatives to treatments she offers and I consent to these treatments, and**
- 5) **I have been given the opportunity to receive a copy of and have reviewed this office’s Privacy Practices: The Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices.**

**PRINTED NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**Signature of Parent/Guardian if Patient is a minor** \_\_\_\_\_

**Printed Name of Parent/Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_