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## AUTHORIZATION OF CARE AND POLICIES

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### AUTHORIZATION OF CARE

I, \_\_\_\_\_, grant permission to Mark Piker, MD, the provider at Integrative Headache Clinic, to provide such medical care that aforementioned provider may deem necessary in my diagnosis and treatment.

I understand that such care may include medical treatments and minor office procedures.

My decision to receive medical care from Dr. Mark Piker is voluntary, and I'm aware that I may terminate my care at Integrative Headache Clinic at any time.

Initials \_\_\_\_\_

### FINANCIAL POLICY

With the exception of Medicare, Dr. Piker is considered an "out-of-network provider" for the commercial and state-sponsored insurance plans.

The prices for our services are listed on the [Booking Page](#).

- The prices listed do not apply to Medicare recipients. Please see [Medicare Policy](#) for details.

We ask ALL clients (including Medicare recipients) to provide the credit or debit card information to reserve appointment.

- We use the Stripe online payment processing for all transactions.
- We do not charge your card at the time of booking.

Your card will be automatically charged the full amount of the listed visit price at the time of your appointment.

- This does not apply to Medicare recipients. Please see the [Medicare Policy](#) for details.

The **in-person** appointments can be rescheduled or cancelled online up to 24 hrs in advance. The **telehealth** appointments can be rescheduled or cancelled online up to 8 hrs in advance.

- Please see the [Rescheduling, Cancellation, and No-Show policies](#) for details.

Your insurance carrier may provide partial reimbursement of services by out-of-network providers. Please keep in mind that the PPO plans are more likely to reimburse the services of an out-of-network provider than the HMO plans.

- The average reimbursement rate is around 60%.
- If commercially insured clients wish to be reimbursed for visits with Dr. Piker, we will provide them the so-called "superbill" which clients can submit to their insurance carrier for reimbursement.
- The clients bear sole responsibility for knowing the specific rules of their insurance carrier.
- It is highly recommended that clients consult their insurance company regarding the coverage of out-of-network providers prior to scheduling appointment.

Initials \_\_\_\_\_

### RESCHEDULING, CANCELLATION, AND NO-SHOW POLICIES

We do not double-book or stack appointments as our clients deserve undivided attention and adequate time during the visit. When someone cancels with little or no notice or simply does not show up for their appointment, that time is wasted and there is no one to fill the empty slot.

At the same time, we understand that life happens and, depending on the circumstances, it may be necessary to cancel or reschedule an appointment on a short notice.

Therefore, we implemented the following rescheduling, cancellation, and no-show policies:

Rescheduling, Cancellations policy

- The **in-person** appointments can be rescheduled or cancelled online up to 24 hrs in advance.
- The **telehealth** appointments can be rescheduled or cancelled online up to 8 hrs in advance
- To reschedule or cancel your appointment within the indicated time limit, please visit the secure Client Area link in your original appointment confirmation email (Access Code will be emailed to you automatically).
- If you need to reschedule or cancel your appointment within less than the indicated time limit, please contact our clinic at 425-655-0700 or email us at [info@ihclinic.org](mailto:info@ihclinic.org).
- The late reschedule/late cancellation fee for both in-person and telehealth **new client** appointments and **botulinum toxin injections** is \$175
- The late reschedule/late cancellation fee for both in-person and telehealth **established client** appointments is \$75

No-Show policy

- You are considered a 'no-show' if you do not show up for your appointment without prior notification
- You may be considered a 'no-show' if you arrive more than 15 min late for the 30 min appointment or more than 30 min late for the 90 min appointment without prior notification
- The 'no-show' fee for the **new client** appointments and **botulinum toxin injections** is \$200
- The 'no-show' fee for the **established client** appointments is \$100

The clients are financially liable for charges incurred for late cancellations, late arrivals, or missed appointments as these are not covered by either private or government insurances.

Thank you in advance for your understanding!

Initials \_\_\_\_\_

**ELECTRONIC MAIL (EMAIL) POLICY**

Please be aware that the personal email is not a confidential means of communication. It is highly recommended to use the secure [Patient Portal](#) for messages containing personal medical information.

Please make sure that your email filters are set to deliver emails from the Integrative Headache Clinic domain (@ihclinic.org) into your Inbox folder instead of Junk or Spam folder.

Please do not use email or Patient Portal for urgent or emergent messages. Although the emails are generally responded to within one business day, we cannot guarantee that the messages will be received or responded to in a timely fashion.

Initials \_\_\_\_\_

**EMERGENCIES**

If there is an emergency, please contact 911 or go to the closest Emergency Department immediately instead of calling the office.

If we are not immediately available by office telephone (425-655-0700), clients are asked to please leave a voice message and we will return their call as soon as possible. Calls are generally returned within one business day. Please always leave a phone number where the client can be best reached.

Please do not use email or Patient Portal for urgent or emergent messages. Although the emails are generally responded to within one business day, we cannot guarantee that the messages will be received or responded to in a timely fashion.

Initials \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES**

I acknowledge that I received a copy of HIPAA Notice Of Privacy Practices, and that I was provided an opportunity to review it. The HIPAA Notice Of Privacy Practices is available online or at the front desk.

The Integrative Headache Clinic reserves the right to change the privacy policies at any time. I am aware that I may obtain a revised copy of HIPAA Notice Of Privacy Practices by contacting our office.

Client Name

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

Representative Name

\_\_\_\_\_

If Representative

- Client is a minor or is unable to sign this agreement for other reasons
- I'm entering into the agreement on behalf of the client as a legally authorized representative of the client

Relationship to Client

- Spouse
- Parent
- Child
- Sibling
- Partner
- Significant other
- Friend
- Other

Your signature below indicates that you have read and agree with the terms outlined in this form.

\_\_\_\_\_

Client or Representative Signature

\_\_\_\_\_

Date