
AUTHORIZATION OF CARE AND POLICIES

AUTHORIZATION OF CARE

I, _____, grant permission to Mark Piker, MD, the provider at the 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.

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.

- Reimbursement rates vary, with an average being 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.

The appointments can be rescheduled or cancelled online up to 24 hrs in advance.

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

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

- You can reschedule or cancel your own appointments without a penalty by visiting the [returning client page](#) up to 24 hrs before the scheduled visit.
- If you need to reschedule or cancel your appointment with less than 24 hrs remaining, it is best to contact our clinic by calling 425-655-0700, message us via the [secure Patient Portal](#), or email us at email@ihclinic.org.
- The "LATE RESCHEDULE / LATE CANCELLATION" fee is 50% of the listed service price, charged to the card provided at the time of appointment booking; this fee does not apply to nerve blocks or trigger point injections.

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 is 75% of the listed service price, charged to the card provided at the time of appointment booking.

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.

Initials _____

COMMUNICATIONS ANF EMERGENCIES POLICIES

There are three ways to reach our clinic: calling our main telephone number 425-655-0700, emailing us at email@ihclinic.org, or messaging us via the [secure Patient Portal](#). When leaving a voicemail, make sure to leave the client's first and last names, date of birth, and the telephone number where the client can be best reached. The messages are typically responded to within one business day, although we try our best to screen the incoming messages during the business hours. Should Dr. Piker ever go on a vacation, the response time may be longer, and you may need to ask your primary care provider or other specialists for the temporary solutions (ie, prescriptions, acute treatments, etc).

Please be aware that the personal email is not a confidential means of communication. It is highly recommended to use our [secure Patient Portal](#) for messages containing personal medical information. Please make sure that your email filters are adjusted to deliver emails from the Integrative Headache Clinic domain (@ihclinic.org) and the secure portal domain (@intakeq.com) into your Inbox folder instead of Junk or Spam folders.

The Integrative Headache Clinic does not provide medical advice or treatments outside the posted business hours. Please do not use email or Patient Portal for urgent or emergent messages, as we cannot guarantee that the messages will always be received or responded to in a timely fashion.

If you're experiencing the acute onset of new or rapidly worsening pre-existing neurological symptoms, concerning for a stroke or other acute neurological condition, or any other medical emergency, please contact 911 or go to the nearest Emergency Department right away. Please do not call, email, or send portal portal messages to the Integrative Headache Clinic if you're experiencing either real or suspected emergency.

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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.

Initials _____

POLICIES UPDATES AND CHANGES: I have been informed that the Integrative Headache Clinic reserves the right to change any clinic policy at any time and without prior notice. I'm aware that the current clinic policies are openly available at www.ihclinic.org/paperwork.

Initials _____

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