



Dean Chier, MD

office 206-906-9786
fax 206-906-9246
EHR fax 206-902-2008
info@deanchiermd.com

Lake City Professional Center
2611 NE 125th St., Ste 90
Seattle, WA 98125
www.deanchiermd.com

PRACTICE INFORMATION AND PATIENT RESPONSIBILITY AGREEMENT

Dr. Chier asks that every patient read and agree to the following:

- **Please be prepared to provide identification and insurance card at the time of each visit.**
- **Dr. Chier requires 24-hour notice of appointment cancellations.** Cancellations of less than 24 hours or No Shows will be billed \$ 100.00 for 30 minute visits and \$200.00 for physicals or longer appointments. Cancellation fees are not covered by insurance and must be paid before another visit is scheduled.
- **You are responsible for knowing the terms and coverage of your own insurance plan.** If you have insurance and your practitioner “accepts” that insurance, that does not guarantee payment will be made from your insurance company. You are then personally responsible for the bill.
- **Please notify the front desk if you have Medicare.** Dr. Chier is not signatory to Medicare and most supplemental insurances will not cover visits made to a non-Medicare provider. Medicare and insurance information is still required to be on file for laboratory charges.
- Dr. Chier is **not** an urgent-care or drop-in clinic. Patients are seen by appointment only. If Dr. Chier is not in the office, the answering machine will direct you to the proper channels. After office hours, call 206-783-1156 and follow the prompts.
- Payment for dispensary items and co-pays needs to be completed at the time of service. **Exact change, check or Visa/MasterCard is required.**
- Dr. Chier’s office is **fragrance-free** and only allows hypo-allergenic service animals in the building, if needed. Please help him maintain an allergy free environment.

Patient Name _____ Date _____