



13126 120th Ave NE, Kirkland WA 98034

(P) 425-398.9355 (F) 833.905.2316

www.DrSerena.com

NEW PATIENT INTRODUCTION PACKET

WELCOME: Dr. Serena Healthcare at Whole Life Medicine is a holistic primary care office that also provides specialized care for sexual dysfunction, healthy aging, vulvar disease and pelvic floor disorders. Our goal is for you to have an extraordinary healthcare experience in our office. This packet provides general information and is intended to answer any questions you may have. Please read and complete forms before your visit. We look forward to having you as a patient!

PATIENT RELATIONSHIP: Dr. Serena is a solo physician in practice alongside esteemed urology & urogynecology providers. She utilizes technology to facilitate confidential and timely communication between her and her patients. She has limited office staff, but they are committed to having a relationship with you based on mutual understanding, trust, and communication.

OFFICE POLICIES:

- **Patient Portal Engagement:** As Dr Serena is a solo physician with limited staff, it is required that her patients enroll in her Patient Portal in order to facilitate HIPPA compliant, confidential, and personal communication with her directly. She encourages her patients to complete forms online, schedule appointments, and make payments to her Patient Portal as well as utilize educational materials provided on the Patient Portal.
- **Insurance Billing:** Dr. Serena is credentialed with most major insurances. If a service is not covered you will be informed. It is your responsibility to check if Dr Serena is covered by your specific insurance plan. We have provided a form that includes questions to ask your insurance so you are clear on your benefits, as well as a list of insurances she is a preferred provider with.
- **Telemedicine Virtual Visits:** Dr. Serena provides telehealth virtual visits for your convenience, and improved clinical care. Most major insurances provide coverage for telemedicine visits. There is a nominal out of pocket fee if your insurance does not provide coverage for virtual visits.
- **Phone Consultation: \$50 minimum charge.** Telephone consults are on a cash basis only as insurance will not cover these services. Fees for telephone consults are \$50.00 for each 15 minutes. Brief phone calls are accepted at no charge. Messages are checked daily and will be returned within 48 hours. If there are any questions about this service, please ask at the time of the call. There is a \$50 fee for any after hour urgent pages of Dr Serena



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- **Cancellation Charge:** We understand that circumstances occasionally arise changing your plans. No charge if cancelled with a minimum of 24 hours notice. There is a \$50 fee with less than 24 hours notice. Full office fee will be charged if no notice is received.
- **Patient Follow up:** You are responsible for your own follow up as advised by your provider. We will make one attempt to contact you via our Patient Portal, phone, email or text for labs or imaging findings that are abnormal. We may send Patient Portal communication reporting normal results without a phone call.
- **Payment:** Payment for visit co-pays and/or medication and supplies is to be rendered at time of service and can be made by cash, check, money order, or credit card. There is a minimum billing fee of \$25.00 or 12% APR, whichever is greater, for account balances due beyond 30 days. There is a \$35 NSF fee on all returned checks. Patients will be held responsible for non-payment by their insurance company. Accounts unpaid by the insurance company greater than 90 days will be billed to the patient. Outstanding balances greater than 120 days will be turned over to a collection agency unless prior arrangements have been made in writing.

CONSENT FOR THERAPIES THAT ARE NOT FDA APPROVED:

- We are a multi-disciplinary facility that aims to bring you the best evidence based treatment available from multiple medical treatment strategies.
- You will be informed which therapies offered to you have FDA approval for use in your condition, and which are experimental and being prescribed off label. You will also be advised on research justifying use, and likely expected course of therapy including possible side effects.
- Botanical and nutrient therapy, testosterone replacement in women, vaginal laser and infrared light vaginal therapy, and clomiphene medication use in hypogonadal men are common treatments Dr Serena may recommend that have evidence behind their use, but which are not yet FDA approved.
- I understand I will be educated on all treatments without FDA approval that are offered to me for my primary care or sexual complaints at Whole Life Medicine, and that I will be given an opportunity to have all questions answered and provide my consent freely and sign any appropriate consent form as required if I select one of these therapies for my condition.



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INSURANCE COVERAGE FAQ & CONSENT

Dr Serena is a preferred provider with most major insurances. However we highly recommend you confirm coverage with your individual plan prior to being seen so you understand your benefits.

PARTICIPATING PAYORS

- AARP
- Aetna / US Healthcare - non HMO
- Aetna / US Healthcare HMO
- Aetna Senior Supplemental Insurance
- American Specialty Health Network
- BCBS-WA Premera
- BCBS-WA Regence
- Cigna (billed through American Specialty Health)
- Coordinated Care
- Emdeon
- First Choice Health Plan
- Healthcare Management Administrators
- Humana
- InstaMed
- Medicaid-WA
- Meritain Health
- Mutual of Omaha
- PaySpan
- Providence Health Plan
- United Healthcare
- United Medical Resources
- AMERIGROUP
- Community Health Plan of WA
- Health Net of CA/OR
- Kaiser Permanente of OR/WA (First Choice Plans through Kaiser may be covered)
- Molina Healthcare of WA

NON PARTICIPATING

- MEDICARE (some Advantage plans may have coverage)
- We are no longer in network with Ambetter as of 2023 (but there may be out of network benefits with this plan)



**DR. SERENA
HEALTHCARE**
WHOLE LIFE MEDICINE

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Insurance Verification Checklist

NAME: _____ DOB: _____

DR: MCKENZIE, ND TAX ID NUMBER: 45-4717604

DATE OF VERIFICATION: _____

NAME OF REPRESENTATIVE SPOKEN WITH: _____

PRIMARY INSURANCE: _____ PHONE# _____

SUBSCRIBER NAME: _____

SUBSCRIBER ID: _____ DOB: _____

GROUP #: _____ EFFECTIVE DATE: _____

NATUROPATHIC MEDICINE COVERAGE: YES/NO (CIRCLE)

PERCENT NATUROPATHIC VISITS COVERED AT: _____

ARE TELEMEDICINE VIDEO VISITS COVERED: YES/NO (CIRCLE)

DEDUCTIBLE: _____ OUT OF POCKET: _____

DEDUCTIBLE MET: _____ OUT OF POCKET MET: _____

PHYSICIAN COINS: _____ VISIT LIMIT: _____

NOTES: