

Financial Policy

Thank you for choosing Navos as your mental health and wellness and substance use treatment provider. The following is a statement of our Inpatient and Outpatient financial policy.

Purpose:

Navos is committed to providing mental health and substance use disorder treatment to all persons who are in need of these services, regardless of the ability to pay. Navos follows the criteria set forward in the requirements of the Washington Administrative Code, Chapter 246.453.

Payments:

- All Co-Pays and sliding fee scale payments are due at the time of service.
- We accept Cash, Checks, Credit or Debit Cards.
- All patients must complete our Registration forms including a signed fee agreement before seeing a clinician.

Patients without Insurance:

Patients without insurance, who are eligible, will be required to apply for Washington State Medicaid.

Patients without health insurance that do not qualify for Washington State Medicaid may meet with a Health Insurance Navigator to sign up for a health plan that will accommodate the needs of the patient.

Patients may also apply for the financial assistance program. Those who wish to apply for the financial assistance program will be required to provide specific documentation as requested to establish eligibility and be required to actively participate in the financial screening process to assist Navos in determining the patient's financial and insured status.

Patients enrolled in our financial assistance program will be required to re-establish their eligibility bi-annually or whenever they have a significant change in their financial circumstances.

If a patient without insurance declines the opportunity to apply for financial assistance will be required to pay full fee.

Medicare patients who do not have any supplemental insurance coverage may also qualify for financial assistance services if they meet the financial eligibility requirements.

Patients with Health Insurance:

Patients with insurance are required to use their insurance when receiving services at Navos.

Patients with insurance are responsible for the patient portion of the Navos fees as indicated by their insurance company benefits and their insurance company explanation of benefits.



Navos
2600 SW Holden St.
Seattle, WA 98146
206-257-6820

Patients with out of pocket expenses are responsible for the patient's portion of the Navos fees. Patients with a deductible and/or co-insurance will be sent a patient statement after Navos has billed and received notification by the patient's insurance company of their actual financial responsibility. Patients with insurance may apply for a payment plan or financial assistance for the out of pocket amounts owed to Navos. Patients remain financially responsible for the patient portion of the Navos charge, as determined by their insurance company EOB.

If a patient has no mental health or chemical dependency coverage through their insurance, they would then qualify for the financial assistance program based on their income. All previously stated requirements must be met.

IMPORTANT INFORMATION

- When insurance is billed please be advised that while Navos will attempt to verify your financial responsibility, Navos cannot guarantee insurance coverage or payment by your insurance company. Any and all charges incurred are ultimately the patient's responsibility.
- You are responsible for notifying us immediately of any changes or lapses in your funding including insurance, Medicare, Medicaid or personal income.
- It is ultimately the patient's responsibility to confirm if Navos is in network with their insurance company.
- If a patient chooses to use their out of network benefits for services at Navos, or if Navos is out of network for a patient who has no out of network benefits, the patient is responsible for Navos fees.
- Patients who have exhausted their mental health or chemical dependency benefits may qualify for financial assistance based on their income, however they will lose eligibility of the sliding fee at the time of the renewal of their insurance plan year.
- If you have a dispute about services billed to you, we must receive a written complaint within 45 days of the date of the billing statement. We will respond within 15 business days. You are responsible for payment of all charges upon receipt of the bill, including charges that may be in dispute.
- Payment is due within 30 days of receipt of the written bill. If payment is not made in full within 90 days of the original bill, the account will be considered delinquent. . Alternative payment arrangements may be negotiated by calling the Billing Department (206-933-7133 or 206-933-7141) or by discussion with a Financial Counselor

Referenced Documents:

WAC 246-453

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