JEAN S. TOM ACUPUNCTURE
FINANCIAL POLICY

Using Your Health Insurance Acupuncture Benefit:

Deductible, co-pay and/or co-insurance are to be paid at the time of the visit.

If acupuncture coverage has not been verified prior to your first visit, you may be asked to pay charges in full at the time of the visit. After verification, any credit balance remaining can be applied toward future appointments or a refund check can be made out to you.

Our office can check your insurance benefits as a courtesy. Acupuncture insurance plans usually include deductibles, co-pay or co-insurance payments, limits on the number of visits per year, and limits on the types of medical conditions covered. We try to accurately inform you of your plan's coverage, but it is ultimately the patient's responsibility to know and understand the specifics of their insurance plan and to be responsible for payment of any balance due.

No Health Insurance Covering Acupuncture:

Charges for acupuncture services are to be paid in full at the time of the visit.

Herbal Supplements / Other Therapies:

Herbal supplements are rarely covered by insurance. Unless your insurance plan specifically provides coverage for herbs, herbal supplements are paid by the patient.

Many insurance plans do not cover additional therapies beyond acupuncture. Additional charges for these services may be due in addition to your co-pay or co-insurance and are to be paid at the time of the visit.

Outstanding Balances:

Any amount not covered by your insurance is due within 30 days of your being notified of the amount.

Missed Appointments / Bounced Checks:

Please notify our office at least 24 hours in advance if you wish to cancel or change an appointment. The fee for late cancellations and no-shows is **$35.00**. Bounced checks will carry a processing fee of **$25.00** in addition to the original amount due.

I have read and understand the above financial agreement, and agree to abide by the stipulations herein. I authorize payment from my insurance carrier directly to this office with the understanding that all monies will be credited to my account upon receipt. I hereby authorize this acupuncture office to release any information necessary to secure the payment of benefits and to use my signature below on all my insurance submissions. In addition, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. In the event of default I promise to pay legal interest on the indebtedness together with such collection costs and reasonable attorney fees as may be required to effect collection.

Patient's Signature_____Date_____