



# Benevolent Acupuncture & Wellness Center LLC

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## Office Policies and Financial Agreement

Welcome \_\_\_\_\_ ! I look forward to working with you. I want to reassure you that acupuncture is safe and generally painless. To help serve you better, I've listed some guidelines and office policies. Please sign the Patient Acknowledgement at the end of this agreement and bring this form with you to your first treatment, which is scheduled for:

- Please eat 1 to 2 hours prior to your appointment time.
- Please fill out the enclosed forms and bring them with you to your first appointment.
- Please wear loose-fitting clothes if possible.

### **Appointments and Fee Information:**

Your initial visit will last approximately 90 minutes to two hours. Return visits are typically 45-60 minutes. This time will be spent interviewing you regarding your medical history and primary complaint, conducting a tongue, pulse and physical examination based on Traditional Chinese Medicine (TCM), and a treatment.

We offer a discount from my usual and customary fees if you pay on the day of the appointment, and I will not bill your insurance company. (See Prompt Pay Discount column listed below)

If your medical insurance plan covers acupuncture and you would like us to bill your insurance company, you will be responsible for the copays and deductibles. (Please read Insurance section on page 2 carefully.) Before we verify your insurance coverage, we require you to pay the discounted rate on the day of your service based on the current fee schedule.

### **Payment method:**

We accept payment by cash, paypal, venmo, check or credit card/debit card. There is a \$30 fee for a bounced check and only one occurrence is permitted. If a second check bounces, I will require cash-only payment from then on.

### **Insurance:**

Please bring your insurance card and your driver's license with you to your first appointment. As a courtesy, I will call to verify your benefits with your insurance company. We are only in network with Horizon BCBS, and out of network with all other insurance companies. We strongly suggest that you call the number on the back of your insurance card and verify your own acupuncture benefits. When you call your insurance company, please ask the following questions:

- Does my plan (if your insurance company is Horizon BCBS, you check your plan for in network benefits. Otherwise, you check for out of network benefits) cover acupuncture performed by a licensed acupuncturist?
- At what percentage does my plan pay?
- Do I have: a deductible? Co-pay? Leftover percentage that I will be responsible for?
- Is there a limit to the number of visits or dollar amount for acupuncture treatments per year?
- Do I need a referral from my Primary Care physician?
- Do I need a pre-authorization of acupuncture treatments?

**This is important:** The information your insurance company gives you or me regarding your benefits is not a guarantee of payment. The actual benefits are determined once I send the claims to your insurance company in writing. If, for some reason, your insurance company does not pay for your treatment, you will be responsible for all fees.

### **Cancellation and Lateness Policy:**

If you are unable to keep your appointment for any reason, I ask that you call or email my office at least 24 hours in advance to cancel or reschedule the appointment. Otherwise you will be charged a

\$75 fee for the missed appointment. If you are 20 or more minutes late, your appointment will be cancelled, and you will be charged a \$75 fee for the reserved appointment time.

I am pleased to have you as a client and hope you will soon share my enthusiasm for the health-enhancing benefits of acupuncture. My goal is to support your body's natural healing process and assist you in improving your overall health and vitality.

**Client acknowledgement:**

I have read the preceding information and have been given the opportunity to ask questions clarifying the content. I understand that I am financially responsible for all charges and agree to pay for the services rendered. I understand the contents of this disclosure and agree to abide by these policies.

**Authorization to Pay Benefits to the provider:** I authorize the release of medical or other information necessary to process health insurance claims. I also request payment of benefits to my provider, when he/she accepts assignment. If the insurance company somehow sends the payments of the acupuncture service to me instead of the provider, I agree to sign the checks and bring them to the provider within two weeks after receiving the checks from the insurance company. Otherwise, I understand that the provider will charge my total balance to the following credit card:

Master Card    Visa Card    American Express    Debit Card

Name on the card: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date (DD/YY): \_\_\_\_\_/\_\_\_\_\_ CSC# \_\_\_\_\_

Authorization to release medical information: I hereby authorize my provider, to release any information necessary for my course of treatment.

Signature of patient: \_\_\_\_\_

Date: \_\_\_\_\_