

Acorn Acupuncture – Payment and Policies

As of April, 2020, Acorn Acupuncture is contracted with Regence/Uniform insurance. If this applies to you, your co-pay is due at the time of service and I will bill Regence for the remainder based upon the services provided at each particular visit. To do so, I will need information from you on the reverse. You remain responsible for the entire amount billed if it is denied by Regence; please make yourself familiar with your benefit limits, deductible limits, and other policy terms so as not to be surprised by this.

If you have another type of insurance and you would like to seek reimbursement, please let me know and I will provide you with the appropriate paperwork to submit. Full payment, consistent with the Time of Service rates below is due, as the name implies, at the time of service for this or if you simply want to pay on your own without insurance involvement. This is a flat-rate, meaning I will not charge you extra for gua sha or cupping, for instance.

Acorn Acupuncture accepts payment via Credit Cards, Debit Cards, Flexible Spending/ Health Savings Account Cards, Check, and Cash. Payments denied will incur a \$25 administrative fee. I also pass along the administrative fee charged by the card service provider to you if that is how you choose to pay.

Your appointment time is set aside especially for you. I prepare for your arrival and look forward to working with you. That time is then no longer available for others who also wish to receive treatment. If, for some reason, you are unable to make a scheduled appointment, kindly give 24 hours notice so that I do not spend time preparing for you and so that another person may receive a treatment. Extenuating circumstances are understood; however, failure to provide 24 hours cancellation notice results in a charge: New Patients: \$75; Returning Patients: \$50. This charge is not covered by insurance.

Should a balance accrue on your account beyond 60 days, it may be referred to a collection agency and I may cease scheduling appointments for you until the balance is satisfied.

TIME OF SERVICE RATES:

New Patients (all ages) for a one and one-half hour appointment: **\$125**

(Held with credit card number which can be charged per the cancellation policy)

Returning Adult Patients (> 10 years old) one-hour appointment: **\$75.**

Returning Pediatric Patients (>1 and <10 years old) half-hour appointment: **\$50.**

Card Payment card vendor charges are not recoverable from insurance: **\$3**

•I have read and understand the policies above, having had an opportunity to ask questions.

•I agree to pay a \$25 administrative fee for any payments that are denied.

·I agree to provide 24 hours notice for cancellation and, should I fail to do so, pay a \$75 charge for a New Patient Appointment or a \$50 charge for a Returning Patient Appointment.

·If a balance on my account exists for more than 60 days, I understand that it may be referred to a collection agency and that I may not be able to schedule an appointment until the balance is paid.

·I am responsible for familiarizing myself with my insurance policy and accept responsibility for payment in full for any claims denied by my insurance company.

_____ / ____ / ____

Patient or Guarantor Signature

Date

Patient or Guarantor Name Printed

Patient Name (if signed by Guarantor)

INFORMATION REQUIRED FOR REGENCE CLAIM SUBMISSION

Policy Holder's Name _____ and birthdate ____ / ____ / ____

Relationship to you _____ and phone # _____

Policy Number/s _____

I will also need a copy of your card so please be sure to bring it with you to your appointment.