

# City Acupuncture and Wellness Clinic

## Financial Policy

Accepted forms of payment are cash, checks, debit, Visa, MasterCard, and insurance.

The charges incurred for services in this office are the primary responsibility of the patient. The patient is also responsible for understanding and complying with their specific insurance carrier's requirements and plan limitations. If you have insurance coverage, payment of the patient portion is due at time of service. If you do not have insurance coverage, payment at the time of service rate is due in full.

We will gladly bill your insurance company for you if your plan has out-of-network benefits or the practitioner is contracted with your carrier. If your insurance company requires pre-authorization in order for the practitioner to be paid for the services, it is your responsibility to make sure we have the authorization which specified which services are authorized. If we do not have an authorization for your services, but these services are provided, **YOU ARE RESPONSIBLE FOR PAYMENT.**

If you have a deductible, payment for treatment will be required at the time of service until your deductible has been met for the year.

We bill for all medically necessary services including infrared heat therapy and manual therapy. Some insurance plans may process these services under your physical therapy or other benefits and/or pass some charges on to you for non-covered service. You may decline these modalities at any time. We are happy to answer any questions you may have. If your insurance determines that the services were "not medically necessary" or "not a covered benefit," you will then be billed for these services despite any prior agreement we may have with your insurance company.

Any balance remaining after your insurance has processed claims will be billed to you. Claims not processed within 120 days will also be billed to you. If late claims are eventually paid, any overpayments will be promptly refunded.

A 1.5% interest charge will be added to overdue balances monthly.

**A \$45 fee is charged for missed appointments and cancellations with less than 24 hours' notice.**

Our fees: Billed rates vary depending upon time and complexity. Our current fee schedule is available upon request. Many patients with out-of-network benefits prefer to pay the time of service rate and then submit their own insurance claims for reimbursement.

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**Patient Signature**

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**Date**