



Valley Acupuncture Center

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OUR FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you read and sign prior to any treatment.

All patients must complete our Patient Registration, Disclosure and Consent, and Financial Policy forms before seeing the acupuncturist.

FULL PAYMENT IS DUE AT TIME OF SERVICE.

WE ACCEPT CASH, CHECKS, DEBIT CARDS or VISA/MASTERCARD.

Regarding Insurance

Most Insurance companies will pay for acupuncture care; however, the amount of coverage, deductibles, co-pays, co-insurance, number of visits allowed and any other limitations of coverage varies with individual policies. We suggest you contact your insurance company to verify the nature of your individual coverage before you schedule your first visit. At this time, L&I and Medicare do not cover acupuncture treatment. We do require full payment for any co-pays, co-insurance or deductibles to be paid at time of service. Most insurance companies do not reimburse for herbs or supplements, so payment in full for those items is expected at time of service. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us accurate and complete insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We cannot guarantee payment of your claims, nor can we accept the responsibility of negotiating claims with insurance companies or other persons. If your insurance company pays only a portion of the bill or rejects your claim, any contact or explanation should be made to you, their policy holder. Reduction or rejection of your claim does not relieve you of the financial obligation you have incurred.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Adult Patients

Adult patients are responsible for full payment at time of service.

Minor Patients

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to a Visa/MasterCard, or payment by cash or check at time of service has been verified.

Missed appointments

Unless canceled, at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

Returned Checks

A \$30 Returned Check fee will be charged to your account if our bank returns the check due to insufficient funds in your account.

Past Due Accounts

All balances over 30 days past due will be charged a 19.8% interest rate compounded monthly. The Patient or Responsible Party is responsible for any collection or legal fees or costs necessary to collect unpaid balances.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy:

X _____

Date _____

Signature of Patient or Responsible Party