

Tracy Andrews, LAc
3133 NE Prescott Street
Portland OR, 97211

FINANCIAL & CANCELLATION POLICIES

- 1) **Full payment (or co-pay/coinsurance) is due at the time of service.** Your payment options are: cash, check, or credit/debit cards. We accept Visa, Master Card, Discover, or American Express. Check or cash is preferred.
- 2) **Insurance Billing:** We can bill your insurance whether in or out of network (we cannot bill Kaiser, CHP, OHP or Medicaid). Co-payment or co-insurance due at the time of service. Per your request, a statement can be provided for submitting to your insurance company for reimbursement. You are responsible for full payment on claims not paid by your insurance company.
- 3) **Missed Appointments/Late Cancellations:** All appointment cancellations must occur within 24 hours of the appointment. You may cancel an appointment by email or phone call. If it is less than 24 hours, **you will be charged \$55 for the missed appointment if the appointment is before 5pm and \$75 for appointments at 5pm or later.**

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I understand the above financial and cancellation policies and that I have been given the opportunity to review this office's notice of privacy practices.

Printed Name: _____

Printed Name of Patient Representative: _____

Signature of patient or patient representative: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgement of our "Notice of Privacy Practices" but acknowledgement could not be obtained because:

____ *Individual refused to sign*

____ *Communication barriers prohibited obtaining acknowledgment*

____ *An emergency situation prohibited us from obtaining acknowledgement*

____ *Other (specified below):* _____