



**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 Client Acknowledgement on the reverse side 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. Return visits are typically 45-60 minutes. This time will be spent interviewing you regarding your medical history and primary complaint, conducting a physical examination based on Traditional Chinese Medicine (TCM), and treatment.

I offer a discount from my usual and customary fees if you pay me directly at the time of service and I will not be providing the service of billing your insurance company. (see *Prompt Pay Discount* column listed below)

If you would like me to bill your insurance company, you will be responsible for the portion your insurance company states is 'patient responsibility' (copays, coinsurance, etc.). (Please read *Insurance* section on page 2 carefully.)

Fee schedule - Effective July 1, 2015. Fees may be updated periodically.

Service	Discount for Payment at the time of service:
New Patient Exam, Acupuncture Treatment and/or Herbal Consultation	\$135
Established Patient Acupuncture Treatment and/or Herbal Follow Up Consultation	\$85

All Herbal Supplements are charged separately.

**Insurance:**

Please bring your insurance card with you to your first appointment. As a courtesy, I will call once to verify your benefits with your insurance company. I strongly suggest that you call the number on the back of your insurance card and verify your own acupuncture benefits. Ask the following questions:

- Does my plan cover acupuncture?
- Is Maureen Conant a preferred provider with my plan?
- At what percentage does my plan pay?
- Do I have: A deductible? Co-pay? Leftover percentage that I am responsible for?
- Is there a limit to the number of visits or dollar amount for acupuncture?
- Do I need a referral from my Primary Care Physician?
- Does my plan cover treatment for my specific health complaint?

**THIS IS IMPORTANT:** The information your insurance company gives you or me regarding your benefits is not a guarantee of payment. Actual benefits are determined once your provider sends 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.

If you have a copay, it is due at the time of service. I will bill you after I receive notification from your insurance company for the portion, if any, in addition to your copay that they determine is your responsibility.

If you are paying me directly, I am happy to supply you with a form that you may submit to your insurance company for reimbursement.

**Payment Method:**

I accept payment by cash, check or credit/debit card. There is a \$35.00 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.

**Cancellation and Lateness Policy :**

If you are unable to keep your appointment for any reason, I ask that you call 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 \$75.00 fee for the reserved appointment time.

**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.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

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 health and vitality.