

# Anamaya Wellness *Transform. Evolve. Heal.*

## **FINANCIAL AGREEMENT HEALTH INSURANCE**

We would like to take a moment to welcome you to our office and assure you that you will receive the very best of care available for your condition. In order to familiarize you with the financial policy of this office we would like to explain how your medical bills will be handled.

### **Explanation of Insurance Coverage**

Many insurance policies do cover acupuncture care but this office makes no representation that yours does. Insurance policies may vary greatly in terms of deductible and percentage of coverage for acupuncture care. Because of the variance from one insurance policy to another, we require that you, the patient, be personally responsible for the payment of your deductibles, as well as any unpaid balances in this office. We will do our best to verify your insurance coverage, and will bill your insurance in a timely manner.

### **Payment Arrangements**

We require that you pay \$20 towards today's charges and \$20 on each visit. Your full portion of the bill is expected to be when payment is received from your insurance carrier. Any unpaid balances will be considered past due 30 days following insurance reimbursement. Past due balances may have an interest charge of 1.5 % applied per month.

### **Assignment of Benefits**

By signing this form you are authorizing payment of medical benefits will be made directly to this office. If your insurance carrier sends payment to you for services incurred in this office, you agree to send or bring those payments to this office upon receipt. However if you pay for your visits in full the assignment will not be reported by this provider and any payment will be sent directly to you.

### **Release of Information**

By signing this form you are also authorizing this office upon request from your insurance carrier the release of any medical or other information necessary to process the claim. You also acknowledge and request payment of government benefits either to myself or to the party who accepts assignment, namely this office.

### **Cancellation and Missed Appointment Policy**

Your appointment time has been especially reserved for you. In the event you cannot make your appointment, we kindly request you give 24-hours notice, otherwise you will be charged the full rate for the missed appointment. Late cancel and missed appointment fees cannot be charged to your insurance company.

### **Voluntary Termination of Care**

If you suspend or terminate your care at any time, your portion of all charges for professional services is immediately due and payable to this office. All services rendered by this office are charged directly to you, and you, ultimately will be personally responsible for payment regardless of your insurance coverage.

We hope this answers any questions you might have concerning the financial policy of this office. Once again we welcome you to our office, and will be glad to answer any further questions that you might have.

**I have read and agree to all of the above.**

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Signature

Date