

# Acupuncture RN

## PAYMENT POLICIES, TERMS & CONDITIONS

Thank you for choosing Acupuncture RN as your holistic health care provider. Acupuncture RN is committed to the highest levels of integrity and quality in everything that we do, including our payment, credit and insurance policies, terms, and conditions.

### **Fees & Payment for Service.**

Fees for acupuncture services fall into two categories: **“Prompt Pay Fees,”** where fees are paid in full at the time of service; and **“Invoiced Fees,”** where fees are NOT paid in full at the time of service.

### **Prompt Pay Standard Rates:**

Rates Initial Consultation and Treatment \$100

Follow-Up Treatment acupuncture \$75

Additional services, ie Cupping, Moxabustion, GuaSha therapy, Electro-stimulation of acupuncture points, myofacial release, extensive consultation. Fees for additional services may be assessed above and beyond the basic services. cost (varies) Note: your verbal approval will be obtained prior to rendering services and such additional Services.

**Invoiced Description Rates** If payment is not made in full at the time of service, then the higher Standard / Invoiced Rates will apply. Each component of the Consultation, Treatment, and Additional Services are required to be itemized and each item is invoiced at the maximum allowable rate.

**Using your Insurance:** If you have insurance benefits you have two ways you can pay:

**Bill insurance myself:** Pay the “Prompt Pay Rates” at the time of service, and Acupuncture RN will provide you with a “superbill” for you to submit to your insurance provider for reimbursement of charges in excess of your applicable co-pay.

**Provider Bills My Insurance:** You can specifically request that Acupuncture RN collects a co-pay from you and bills your insurance company: 1. you acknowledge that the Standard / Invoiced Rates will be higher than the Prompt Pay Rates. 2. you agree that you will be responsible for any portion of the Standard / Invoiced Rates that are not reimbursed by your insurance company, even though such amounts may be in excess of the Prompt Pay Rates. Please be advised that your insurance company is likely to send a check directly to you for the allowed amount that is invoiced in excess of your co-payment; as such, you agree to promptly remit and endorse any such insurance check that you receive along with the EOB (Explanation of Benefits) to Acupuncture RN (or pay Acupuncture RN the amount of money you receive from your insurance company)

You acknowledge and agree that any dispute between your insurance company and you regarding the amount of your benefits and/or allowed amounts is strictly between you and your insurance company and that Acupuncture RN is not responsible for what your insurance company may decide to pay.

**Verification of Coverage:** Acupuncture RN is happy to call your insurance provider and verify your coverage. I will provide you with a verification report that will include who we spoke with. In the event that your insurance company informs Acupuncture RN that you are eligible for reimbursement for acupuncture services rendered at our office, you agree that Acupuncture RN is not responsible for any action that it takes in good faith on your behalf based on such information; for example, Acupuncture RN shall have no responsibility whatsoever if the claims submitted are subsequently denied for any reason, including, without limitation: the treatment(s) is / are deemed medically unnecessary; your deductible has not been met; you have exceeded your benefit limit; a service is required to be performed by a medical doctor to qualify for coverage; and/or any other reason. Other Insurance Benefit-Rated Terms and Conditions: We bill all major carriers and most secondary carriers ONLY when all necessary information is provided by you to do so. We make no representation whatsoever regarding, and do not guarantee, insurance benefits are available to you.

**Your Insurance Coverage and Benefits:** You acknowledge and agree that, regardless of insurance coverage, all services provided by Acupuncture RN are your financial responsibility as a patient or as the parent(s)/guardian(s) of a patient. You acknowledge and agree that your insurance coverage and benefits are an arrangement between you and your insurance carrier. You are solely responsible to be aware of your benefits and to contact your carrier directly when any issues arise regarding timely payment of claims, denials, rebilling, and other similar issues. Be advised that many insurance plans have limitations on benefits, especially when it comes to holistic health care. Please contact your insurance company directly to discuss your specific benefits and/or limitations.

**Co-Payments:** I am happy to assist whenever possible regarding general insurance benefit questions. You understand and acknowledge that your co-payment may be an estimated amount collected at the time of service, and may not reflect exact amount of co-payment due. Upon receipt of payments from your insurance carrier by our office, you will be notified of any overpayment that you have made, which will be credited or refunded to you at your request, and you acknowledge and agree that any underpayments will be invoiced to you by Acupuncture RN and such amounts will be due and payable upon receipt.

**Miscellaneous Payment Policies.** You understand, acknowledge and agree that:

- a. all balances are due within 30 days of service being rendered
- b. you may pay with cash, personal check, Visa /MasterCard/Amex, or bank debit card.

If you are unable to pay in full within 30 days for any reason, please contact our office immediately

- c. any account which is past due over 90 days may be assigned by Acupuncture RN at any time to its outside collection agency, and all costs related to or arising from such collection will be added to the outstanding account balance

- d. any patient account that has been assigned to collections will no longer be eligible for an extension of credit for any future service from Acupuncture RN; and I reserve the right to withhold future services. e.

any account which is more than 90 days past due will be subject to a 10% past due penalty. f.  
for any “no show” or patient that does not keep his/her scheduled appointment time and did not cancel  
with at least 24 hours prior notice, that patient’s account can be assessed for the appointment based on  
the Prompt Pay Rates for the scheduled service.

I have read and received a copy of this Acupuncture RN Payment Policies, Terms and Conditions. I  
understand, acknowledge and agree to the Policies, Terms and Conditions set forth herein. I understand  
that every future authorization by me for treatment from Acupuncture RN constitutes my re-  
acknowledgement and agreement with such terms and conditions.

Patient Name: \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Date: \_\_\_\_\_