

Financial Policy, Fee Schedule and Patient Agreement

In this system of medicine each treatment builds on the previous one. Achieving significant healing requires a commitment on your part. Optimal results are achieved when a patient follows the suggested treatment plan. I individualize each treatment plan according to the specific condition being treated. Generally, acute conditions respond more quickly than chronic conditions. I also encourage follow up care to prevent symptoms from recurring and to maintain wellness. Patients will usually begin to see positive changes within the first few treatments.

Fees for billed acupuncture services are:

- First Office Call (Initial Exam and Treatment): \$ 180
- Return Office Call: \$ 100
- Acupuncture Re-Exam*: \$ 35

Discounts applied to prompt payment at time of service are approximately 20% off regular fees:

- First Office Call:(Initial Exam and Treatment): \$ 130
- Return Office Call: \$ 75
- Acupuncture Re-Exam*: \$ 25

* An acupuncture re-exam is usually performed when a client has not been seen for the past 6-12 months or there is a new condition being treated.

If I am contracted with your insurance I will submit claims for you. If I am not contracted, then I request payment at time of service. My receipt may be submitted for reimbursement in many cases as an "out of network" provider. Herbs are not covered by insurance.

I am contracted as an "in-network" provider with the following companies:

- Aetna
- Cigna
- First Choice
- Premera Blue Cross
- Regence Blue Shield
- Uniform
- I will also submit PIP auto insurance claims for you.

If I am billing your insurance remember that you are financially responsible for any balance due. Balances remaining after your insurance has processed claims will be billed to you and are due immediately.

For payment, I accept: Cash, Checks, Visa and MasterCard and some Insurance.

Your appointment time is reserved exclusively for you. Missing appointments compromises the effectiveness of the treatment. Please give 24 hours notice for cancellations. A \$25 missed appointment fee may be charged.

I (the client) have read and agree to the above financial policy. I have received a copy of the privacy notice. I agree to the release of medical and billing information necessary for treatment, payment, and healthcare operations. I assign benefits payable to Abundant Life Acupuncture and/or Lori Field.

X _____
Signature of patient (or guardian if under 18)

Date