

Office Policies and Insurance Authorization

Fees and Payment: Fees and co-payments for services are required at the time of service unless other arrangements have been made in writing. We provide a two-tiered fee schedule for Staff Acupuncturists and Clinic Directors. Our fees are located on our website www.dc-acupuncture.com. We only accept debit or credit cards. Opened herbs, nutritional supplements, and natural remedies cannot be returned since they cannot be resold.

Insurance Claims and Member Acknowledgement: An insurance verification is not a guarantee of payment. While we may be IN-NETWORK with your insurance carrier, there is no guarantee they will pay for the services we perform. If your insurance company rejects your claim for any reason, you will be responsible for payment. Services that may not be covered include, but are not limited to: cupping, gua sha, bodywork (tuina, abdominal massage, craniosacral, etc), therapeutic exercises (stretching, yoga, qigong, tai chi, etc), or herbal medicine consults. Prior to any treatment of known non-covered services, we will inform you and obtain your verbal permission to proceed. If you have any questions regarding your insurance coverage, please see your benefits manager.

Credit Card on File Policy: We require all patients to keep a credit card on file to simplify our billing process and avoid unnecessary delays. After your insurance has processed your claim, any remaining patient responsibility will be automatically charged to the card on file. Your credit card information is securely stored and encrypted in compliance with industry standards. You will receive an electronic receipt with the amount charged and the date of service. We appreciate your understanding and cooperation as we work to make your billing experience as smooth as possible.

Account Balances and Collection Efforts: We submit claims to your insurance company as a courtesy, and you are responsible for any unpaid balance. If your account is turned over to a collections agency, you will be responsible for any fees imposed by the collections agency to collect your account.

Secondary Insurance: This office does not submit claims to secondary insurance. You should call your insurance carriers and set up "automatic crossover" or "coordination of benefits" so that your primary insurance company sends your claims directly to your secondary insurance company. Once automatic crossover or coordination of benefits is set up, your secondary insurance company should make payment directly to this office. Otherwise, you are responsible for the balance.

Medicare Eligible Clients: This office cannot participate in Medicare because we are not providers within the Medicare system. If you are Medicare eligible, you or your legal representative are responsible in full for payment of fees. Medicare payment limits do not apply to services we provide. Medigap, Medicare Advantage, and other supplemental plans may not elect to make payments for services Medicare will not cover.

Appointment Cancellation: Our office has a 24-hour cancellation policy. In an effort to provide you with professional and personalized holistic health care, we reserve your appointment time exclusively for you. If you miss your appointment and do not cancel with at least 24 hours' notice prior to your appointment time, you will be charged for your appointment. We require all patients to keep a valid credit card on file to secure their appointment and process payments at the time of service.

Letter Requests, Form Completion, and Medical Records: There is a \$35.00 processing fee plus \$0.50 per page. There will also be a charge for postage if you choose to have the records mailed.

Marketing and Outreach: All patients will automatically be subscribed to our weekly newsletter called 3 Point Thursday. Patients may unsubscribe at any time, however, we encourage patients to remain subscribed because we use this email list to make clinic wide announcements. We are able to make manual adjustments to your subscription status at your request.

Insurance Authorization: I have read and agree to Transformational Acupuncture's Office Policies. I authorize my insurance benefits to be paid directly to Transformational Acupuncture. I understand that I am financially responsible for any balance. I further agree to pay all collection costs and attorney fees that may be incurred to enforce collection of any amounts outstanding. I also authorize Transformational Acupuncture or their billing company to release any information required to complete and process my insurance claims.