Please Read - Patient keeps copy

PATIENT FINANCIAL RESPONSIBILITY STATEMENT

Thank you for choosing our practice for your healthcare needs. It is our goal to provide you with the highest quality healthcare services as possible. We ask that you please read and understand your financial responsibilities prior to receiving services.

1. I understand that I am responsible for knowing the policy provisions and rules of my insurance coverage(s) and that I am solely responsible for obtaining any necessary referrals prior to my appointment. Failure to obtain and present a valid referral may result in my being financially responsible for all services provided. Please note: a Doctor's Prescription is NOT a valid Referral.

2. I understand that I am financially responsible for any amount not covered by my insurance including, but not limited to, co-pays, co-insurances, deductibles and non-covered services.

3. I understand that if I do not have valid medical insurance or Acupuncture coverage, I am financially responsible for all fees for provision of medical services and that, unless other arrangements have been made in advance, payment of these fees is expected in full at the time services are rendered.

4. I understand that failure to remit payment for any amounts deemed patient responsibility may result in my account being referred for collection activity and that I will be financially responsible for any additional fees incurred as a result.

5. I understand that any appointments missed, but not cancelled within twenty-four (24) hours, will result in my being charged a Missed Appointment Fee of **$35** per missed office visit.

6. I understand that I will be charged ***$35*** for any check returned by my bank for any reason.

APPOINTMENT CANCELLATION POLICY AGREEMENT

Blessed Acupuncture and Wellness is committed to providing exceptional care. Unfortunately, when a patient cancels without giving enough notice, they prevent another patient from being seen. It is the responsibility of the patient and a common courtesy to keep your scheduled appointments.

Please contact us via email at info@BlessedAcu.com or via phone (916) 827-1808 at least 24 hours prior to your scheduled appointment to notify us of any changes or cancellations. To cancel a Monday appointment, please notify our office by 5:00 p.m. on Friday.

If prior notification is not given, I understand that I will be charged $35 for the missed appointment. This amount is to be paid in full prior to scheduling the next appointment. If there are more than 3 cancelled appointments, we reserve the right to deny service.

RELEASE OF MEDICAL RECORDS AND INFORMATION

I hereby authorize the release of any Protected Healthcare Information (PHI) to any involved insurance company, or their authorized third parties involved in my case unless I have specifically instructed otherwise.

ASSIGNMENT OF BENEFITS

I hereby authorize any insurance carrier, including Medicare, to make payment directly to Blessed Acupuncture and Wellness for any services rendered to me or my covered dependents of any amounts otherwise payable to me toward the reimbursement of any medical expenses incurred at this facility. I understand that I am financially responsible for payment of all services regardless of any payment issued by my insurance or not. A photocopy of this authorization shall be considered as effective and valid as the original. (Ver. 8/20/20)