



ACUPUNCTURE WORKS - BY DAVID NEVINS

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FINANCIAL POLICY

Thank you for choosing David Nevins Acupuncture Inc. as your Oriental medical care provider. I am committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of my Financial Policy, which I require you to read and sign prior to any treatment.

FULL PAYMENT IS DUE AT TIME OF SERVICE. MasterCard, Visa, American Express, and Discover are accepted as well as cash and checks.

Most conditions require an average of 6-10 treatments, although some will respond well within 4-6 visits and others may require a longer series – this depends on the severity and the chronic nature of the chief complaint.

Regarding Insurance

If you have insurance we will gladly verify & submit your claims for you. You are responsible for your deductible. If your insurance denies payment of a claim you are responsible for the billing charges and the paying at time of service fee. We will verify coverage prior to treatment. If for any reason we are not able to verify coverage prior to your treatment, you will be charged the paying at time of service fee for each treatment until verification is obtained. Any balance due on your treatments is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. We are not party to that contract. In the event we do not accept assignment of benefits we require that you pay the appropriate paying at time of service fees. In signing this document, you are assigning to this office the benefits to which you are eligible to receive for care rendered in this office. Additionally in signing this document you authorize the release of any information to any insurance company, adjustor or attorney that will assist in the payment of a claim. You may receive in the mail an Explanation of Benefits or (EOB) form from your Insurance carrier along with a single check, or a number of checks. These check(s) will be made payable to you, the patient, from your Insurance company. These check(s) may be deposited into your own bank account and a personal check written from you to me, for the exact amount made payable to David Nevins Acupuncture Inc. and mailed to me directly.

Usual and Customary Rates (UCR)

My practice is committed to providing the best treatment possible for my patients. I charge what is usual and customary for our area. Please be aware that some and at times perhaps all of the services provided may be "non-covered" services and not considered reasonable and necessary under the Medicare program and/or by other medical insurance. You are responsible for payment in full regardless of any insurance company's arbitrary determination of usual and customary rates.

Missed Appointments

Your appointment time is reserved specifically for you. In the event of a missed appointment or an appointment cancelled with less than 24 hours notice you may be charged a \$75 fee. Insurance will not pay for a missed appointment. Your treatments will be more effective if you follow my guidelines and stick to your treatment schedule. Please help me to serve you better by keeping scheduled appointments.

Thank you for understanding my financial Policy. Please let me know if you have any questions or concerns. By signing below you affirm that I have read the Financial Policy & I understand and agree to this Financial Policy. A photocopy of this form shall be considered as effective as the original.



Signature of Patient or Responsible Party

DATE