

Westchester Acupuncture Office Policies

Thank you for choosing Westchester Acupuncture PLLC. We are committed to providing you with the highest quality medical care in an efficient and cost-effective manner. To keep you informed of our current office and financial policies, we ask that you please read and sign our financial acknowledgement.

1. All charges, regardless of insurance coverage, including any appliance of co-pay, are ultimately the patient's responsibility. Insurance benefits will be verified as a courtesy based on the insurance policy provided to Westchester Acupuncture PLLC. Benefits and eligibility will be obtained from the patient's insurance provider to extent available. At Westchester Acupuncture PLLC, we encourage every patient to contact their insurance company to verify coverage.
2. The patient is responsible for any service not covered by insurance carriers. Patients are responsible for knowing what services are covered under their insurance plan. Westchester Acupuncture PLLC must bill the visit according to the services provided, including any services not covered by insurance.
3. Patients will be asked to provide their current insurance card, mailing address and phone number at the initial treatment. It is the patient's obligation to inform the office of any insurance, address or telephone number changes. In addition, for all initial visits a copy of your identification will be copied as a measure to protect all against fraud.
4. If coverage is verified and the claim is processed, in the event that there is any remaining balance it is your financial responsibility to make that payment. Payment is required prior to commencement of services for any co-insurance, deductibles or any other monies due. We are required under our contract with your insurance company to collect this money from you. Please be aware that some of the treatments performed may not be covered by your insurance and may not be considered by your insurance to be reasonable or medically necessary. We will make all reasonable effects to verify that such treatment(s) is covered.
5. Patients will receive a monthly statement. All bills for deductibles and co-insurance will be sent electronically. Please ensure the office has a valid email at all times. Payments may be made in person or online. Payment is due upon receipt of the invoice. Co-pays are due at the time of treatment.
6. For patients without insurance coverage, Westchester Acupuncture PLLC offers a reduced rate for full payment at the time of service. We do not offer payment plans.

24 HOUR RESCHEDULING NOTICE

In order to honor my commitment to treatment and for treatment to serve me in the best possible manner, if I need to reschedule my appointment, I will give **24 hours** notification. If I have not given 24 hours notice prior to the scheduled appointment, I will kindly pay for the missed session by check in the mail or at the next treatment session.

Please initial in each box.

- I have read, understood and agree to the above Office Policies.
- I understand that charges are to be paid in full at the time of service.
- I understand that all applicable co-insurance, co-payments, deductibles and non-covered services are my responsibility.
- I authorize my insurance benefits to be paid directly to Westchester Acupuncture PLLC.
- I authorize Westchester Acupuncture PLLC to release pertinent medical information to my insurance company when requested or to facilitate payment of a claim.

I am receiving or am about to receive health care services in this office. By signing below, I agree to comply with the office policies stated above which I have read and understood. I also authorize the use of this signature on all insurance submissions.

Name: _____

(please print)

Signature: _____