

Energetic Medicine Financial Policy

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It is our policy to provide our clients with the best quality in service and products to maximize their full potential for health and well-being. We do our best to make our services available and affordable by contracting with the Insurance carriers that contract with Licensed Acupuncturists. We ask that you respect our policies, by reading and signing the following, showing that you understand and agree. We look forward to continuing to serve you in your quest for good health and well-being!

I, _____ (referred to as “you”, “your”, “patient” and “client”), agree to and abide by the following Financial Policies of Energetic Medicine (referred to as “we”, “us”, and “our”):

1. If, for any reason, you cannot keep your scheduled appointment time, we appreciate as much notice as possible and require a minimum of **48-business hours’ notice for new patient appointments and 24-business hours’ notice for all other appointments**. For example, if you are a new patient, we would need to know by the previous Thursday at 9:00am if you needed to change your appointment scheduled for the following Monday at 9:00am; as an existing patient, we would need to know by no later than the previous Friday at 9:00am. Without proper notice you are responsible for a **\$62 late cancellation fee** due that day. **Initial:**_____.
2. **Payment** is due at the time of service. We accept cash, check, Visa and MasterCard as payment methods.
3. If you have **insurance coverage**, verify your coverage in advance and bring your insurance card to your first visit in order for us to bill for your services. Your co-pay, co-insurance and deductible are due at the time of service. Your medical insurance is a contract between you and your insurance company. It is your responsibility to know your insurance plan benefits, including co-pay amounts, deductibles, coinsurance and covered and non-covered services. You are ultimately responsible for any unpaid balance.
4. If you don’t have insurance coverage or have exhausted your coverage, you will be considered **self-pay** and your balance will be collected in full at the time of service. If you pay at the time of service and later ask us to bill your insurance company, you will be responsible for any unpaid balance from your insurance company.
5. You will be sent a monthly billing statement for your portion due after your insurance has paid their portion. This balance is due in full upon receipt. If we have not received your payment prior to our next billing cycle, a **1% late fee** for each month the account is past due will be added on your statement. We ask that you pay your bill in full on receipt to avoid this.

Patient / Parent / Guardian

Date