

**Bergen Acupuncture and Integrative Medicine, LLC**  
**Financial Agreement**

We would like to take a moment to welcome you to our office and assure you that you will receive the very best care we can provide for your condition. In order to familiarize you with the financial policy of this office, we would like to explain how your medical bills will be handled. Please read carefully.

**Explanation of Insurance Coverage:**

Many insurance policies do cover acupuncture treatment but this office makes no representation that yours does. Insurance policies may vary greatly in terms of deductible and percentage of coverage for acupuncture. Because of the variance from one insurance policy to another, we require that you, the patient, be personally responsible for the payment of your deductibles, as well as any unpaid balances in this office. Although, we will do our very best to verify your insurance coverage, what is quoted to this office is not a guarantee of coverage, benefits and/or payment. We will bill your insurance in a timely manner, but you are ultimately responsible for any outstanding payments due to this office.

**Payment Arrangements:**

1. If you elect to use your insurance coverage, you are responsible for any copayment, coinsurance and/or deductible stated in your plan. (a) If your plan requires you to pay a copayment, it will be collected at the time when services are rendered. (b) If your plan requires you to pay a co-insurance ( a percentage of the usual and customary amount determined by your health insurance carrier), we require that you pay \$\_\_\_\_\_.**00 per visit which will be applied toward your account balance.** (c) If your plan requires you to pay a deductible, we require payment at the time when services are rendered.
2. If you do not have insurance coverage or do not wish for our office to bill your insurance carrier, we require payment in full at the time when services are rendered.
3. Your full obligation and portion of the bills is expected when payment is received from your insurance carrier. Any unpaid balances will be considered past due 30 days following insurance reimbursement.

**Assignment of Benefits:**

This form directs your insurance company to send payments directly to this office. If your insurance carrier sends payment to you for services incurred in this office, you agree to send or bring those payments to this office upon receipt.

**Release of Information:**

If your insurance company requires medical reports to document your treatment or progress, your signature below authorizes this office to release the medical information necessary to process your claims.

**Voluntary Termination of Care:**

If you suspend or terminate your care at any time, your portion of all charges for professional services is immediately due and payable to this office. All services rendered by this office are charged directly to you, and you, ultimately will be personally responsible for payment regardless of your insurance coverage.

**Appointment Cancellation:**

“I know that I must call to cancel an appointment at least 24 hours before the time of the appointment. If I do not cancel within that time or do not show up, I may be charged \$40.00 for that appointment session.”

**Medical Identity Theft Protection:** The Red Flags Rule, a law the Federal Trade Commission has been enforcing, requires certain businesses and organizations, including many doctor’s offices, hospitals and other healthcare providers to confirm the patient’s identity and validate medical insurance coverage to ensure that identity theft has not occurred. To safeguard your identity we will make a copy of your valid picture ID issued by a local, state or federal government agency (driver’s license, passport, military ID, etc.) and a copy of your current insurance card to confirm your identity.

We hope this answers any questions you might have concerning the financial policy of this office. Once again we welcome you to our office, and will be glad to answer any further questions that you might have.

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I have read and agree to all of the above.

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Signature

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Date

Revised 01/05/16