



## Policies and Financial Agreement

Welcome! I look forward to working with you. To help serve you better, I've listed some guidelines and office policies. After you have read, understood and agree, please sign at the bottom and bring this form with you to your first treatment.

### Appointments and Fee Information

Please eat 1 to 2 hours prior to your appointment time and wear loose-fitting clothes if possible. No caffeine 4hr before appt.

For acupuncture your initial visit will last approximately 90 minutes. This time will be spent interviewing you regarding your medical history and primary complaint, conducting a physical examination based on Traditional Chinese Medicine (TCM), and acupuncture treatment.

<b>Acupuncture fees:</b> \$125 for 90 min. Initial Consultation/Treatment \$85 for 60 min. Follow up Treatments	<b>Massage fees:</b> \$125 for 90 min. \$95 for 60 min.
Herbal Supplements and Wellness Supplies are charged separately.	

### Cancellation Policy

**We require 24 hour notice if you are unable to keep your appointment** to allow time to offer your appointment to another client who may be waiting. Same day cancellation or no show will be charged full rate.

### Insurance Information

If you would like me to bill your insurance company you will be responsible for the portion your insurance company states as patient responsibility (co-pays, coinsurance, etc.)

Please bring your insurance card with you to your first appointment. I strongly suggest that you call the number on the back of your insurance card and verify your own benefits. Ask the following questions:

- Does my plan cover the treatment (acupuncture)?
- Is Fernando Escobar a preferred provider with my plan?
- At what percentage does my plan pay?
- Do I have: A deductible? Co-pay? Leftover percentage that I am responsible for?
- Is there a limit to the number of visits or dollar amount for acupuncture?
- Do I need a referral from my Primary Care Physician?
- Does my plan cover treatment for my specific health complaint?

**Please remember: Your insurance policy is an agreement between you and your insurance carrier and our office is not a party to that contract.** The information your insurance company gives you or me regarding your benefits is not a guarantee of payment. Actual benefits are determined once your provider sends the claims to your insurance company in writing. If, for any reason, your insurance company does not pay for your treatment, you will be responsible for all fees.



If your insurance requires co-pay from you, it is due at the time of service. If there is any portion, in addition to your co-pay, that your insurance company determines to be your responsibility I will bill you upon receiving notification costs not covered.

If you are paying me directly, I am happy to supply you with a form that you may submit to your insurance company for reimbursement.

For those who do not have insurance, have an insurance policy that does not cover your treatment or choose not to claim the cost of treatment, payment is expected at the time of service. For your convenience we accept cash, check and credit card.

**Financial Agreement**

I have read the preceding information and have been given the opportunity to ask questions clarifying the content. I understand that I am financially responsible for all charges and agree to pay for the services rendered. I understand the contents of this disclosure and agree to abide by these policies.

X \_\_\_\_\_

Print patient's name

X \_\_\_\_\_

Signature of patient

I am pleased to have you as a client and hope you will soon share my enthusiasm for the health-enhancing benefits of acupuncture, massage and meditation. My goal is to support your body's natural healing process and assist you in improving your overall health and vitality.