



**1) Payments**

- o Unless prior arrangement is made, full payment is due at the time of service.
- o Your payment options are: cash, check, or credit/debit cards.

**2) Insurance Billing**

- o If you would like us to bill your insurance, we will contact your insurer(s) and bill them based upon the **non-guaranteed** information they provide to us.
- o You are responsible for all co-payments, deductibles and other adjustments made by your insurer(s).
- o **If we are unable to obtain a verification of benefits from your insurer for any reason, we will require full payment at the date and time of service.**
- o Insurance companies may reimburse differently than the information they initially provide to us.
- o **You are responsible for and will be billed for any resulting unpaid balance.**

**3) Missed Appointments/Late Cancellations**

All appointment cancellations must occur within 24 hours of the appointment. Not 16 hours or end of the day for a 10 am appointment.

- o If it is less than 24 hours, **you will be charged \$55 for the missed appointment.** (*this policy is inline with the Vancouver Clinic and other healthcare providers in the area*). **THERE ARE ONLY TWO WAYS TO CANCEL APPOINTMENTS:**
  - Call 360-841-7558 and leave voice message.
  - Call 360-773-1566 and leave voice message or text.
  - Any other method, will not be recognized.
- o Clients who receive three late cancellations (less than 24 hours' notice) or no-shows will no longer be scheduled for future appointments.
- o For Veterans using the Community Care Network, a total of three missed appointments, no-shows, or less than 24 hour notice of cancellation will not be renewed at the clinic. Missing 1st appointment and your authorization will be returned to Community Care.
- o Services are provided with the understanding that a credit card is kept on file for all incurred charges.

4) You are responsible for remembering your appointment.

**5) Past Due Accounts**

**Accounts greater than 30 days past due will be charge a \$10 administrative fee.**

**Accounts greater than 90 days overdue may be sent to a collections agency.**

Print Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

These policies are subject to change without notice. We also post our financial policy at [www.Best-Acupuncture.com](http://www.Best-Acupuncture.com) I have read, understood and agree to the policies described above: