

Yampa Valley Acupuncture & Chinese Herbs, LLC

Financial Policies

Fee Schedule

Initial visit	\$150
Return visit	\$85

-All fees are due at the time of service. We currently are contracted with United Healthcare/UMR. If you have verified acupuncture benefits that are payable by your health insurance plan and you have met any required deductible, we will bill contracted health insurance companies for services provided. We do not bill other health insurance companies that we are not contracted with.

Insurance benefits must be verified by provider prior to your appointment, otherwise you will need to pay according to the fee schedule listed above.

-If you have health insurance with a company we are contracted with, you are responsible for paying any required co-payments at the time of service. If you must meet a deductible before your insurance company pays acupuncture benefits, you are responsible for paying the full price listed above until your deductible has been satisfied.

-If your health insurance has a limit on annual or lifetime acupuncture benefits and you exceed this limit you will be responsible for the full price of each treatment as listed above. You are responsible for keeping track of any limits on acupuncture benefits as stated in your plan.

-I authorize Provider to release any medical or other information that may be necessary to process medical claims on my behalf to related physicians, rehabilitation counselors, social workers, insurance carriers, or attorneys.

-I understand that I am responsible for paying my co-payments, co-insurance and deductibles at the time of service. I also understand that I am responsible for any balance due after payment by my insurance company.

-I, the undersigned, understand that Provider will bill my insurance carrier for services rendered upon verification of coverage by my insurance company. I understand that verification of benefits is not a guarantee of payment and my financial responsibility is subject to change. If my insurance company fails to render payment for services rendered, I hereby personally guarantee payment for medical care and services rendered. **If my insurance company does not remit payment within 60 days, I understand that I will be responsible for the balance due in full.**

-I hereby request that my insurance carrier make payment directly to Yampa Valley Acupuncture & Chinese medicine for all services rendered by this facility.

-We require at least 24 hours notice in the event you have to cancel your appointment. Otherwise, you will be billed full price for missed appointments.

I agree to the financial policies as stated above.

Patient Signature

Date