

Cancellation and Late-Comer Policy

Acupuncture and Acupressure by nature require a specific amount of time, often up to a full hour, thereby limiting the number of patients that can be treated a day. You must therefore, call 24 hours in advance with notice of cancellation. You must arrive on time for your appointment. All missed appointments, late cancellations and No Shows are subject to full payment.

Medical Release to Insurance Company & Notice of Privacy Practices

I authorize the release of medical information to my insurance company/companies, including diagnosis and the record of treatment or examinations rendered to me during the period of such medical care, and also request my insurance company/companies to make payments directly to CIBRE, Inc. (dba Integrated Wellness Management / AcuBar LA) for those medical services.

Notice to Insurance Company Assignment

You are instructed to PAY DIRECTLY TO THE ACUPUNCTURIST for all professional services rendered to me at this office. This instruction to you is an assignment under the medical coverage of the insurance policy.

Fees, Financial Agreement and Assignment of Insurance Benefits

Total fees are due at the time of service. It is the policy of our office to provide you with a Superbill for reimbursement by your medical insurance for the fees you have paid to us. If by special arrangement, we are billing your insurance company, please remember that we have no payment agreements with the insurance companies and therefore are not guaranteed payments by them. Additionally, most companies pay a fixed allowance for certain procedures, and others pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-payments, or any other balance not paid for by your insurance company at the time of your visit or within 15 days of billing. In case there should be a dispute between you and your insurance company refuses to make payments to us, you will become directly reliable for full payments of your medical bill. If this account becomes overdue and is assigned for collection and/or suit, collection costs and/or interest (1.5% per month after due date), and/or attorney fees and/or court costs will be added to the total amount due. Amounts owed over thirty (30) days will be charged to your credit card.

I _____, hereby authorize AcuBar LA or his agents/employees to bill my credit card for amounts unpaid by insurance as specified above.	
<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
Print name as it appears on credit card: _____	
Credit Card Number: _____	Expiration Date: _____
Signature: _____	Date: _____

I HAVE READ AND UNDERSTOOD ALL THE ABOVE STATEMENTS:

Printed Name: _____ **Date:** _____

Patient Signature: _____ (Or Patient Representative)	(indicate relationship if signing for patient)
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