

Financial Policy and Patient Consent Form

Carin Williams Acupuncture recognizes the need for a clear understanding between patient and medical provider regarding financial arrangements for healthcare. The following information is provided to avoid any misunderstanding concerning protected health information and payment for professional services.

1. **PAYMENT:** Payment is expected at the time of service. If your deductible has not been met, or a percentage is your responsibility, we expect payment when services are rendered. **Even though insurance will be filed, you are responsible for any balance after insurance processes your claim.** All charges for treatment become due and payable sixty (60) days after the date of service. These periods allow sufficient time to process insurance and make payment in full of any remaining balance. There will be a \$25 charge for returned checks. If not paid within 60 days, we will begin various collection activities including, but not limited to submitting the past due account to a collection agency.
2. **SELF PAYMENT** (Private, Cash Payment): If you have no insurance coverage, we require an advance payment for professional services.
3. In the event that my insurer does not pay all of the medical charges incurred, I hereby authorize Carin Williams Acupuncture to automatically charge the credit or debit card account listed below for the remaining balance due.

Cardholder Signature

Date _____

| | | |
|--|------------------|----------------|
| Patient Name | | |
| Cardholder Name | | |
| Billing Address | | |
| City | State | Zip |
| Card Type (Circle One): <div>VisaMastercard</div> | | |
| Card #: | Expiration Date: | Security Code: |

NOTICE

Carin Williams Acupuncture does not send out notification prior to charging credit and debit cards, so please make sure that you have funds available on the above account. You should receive a statement from your insurer indicating the amount they paid and the amount that is your responsibility. If there is a balance that is your responsibility, your credit or debit card will be charged approximately 3 days after the insurer's statement date. Thank you!

Patient Name (Please print)

Patient Date of Birth

Signature (Insured/Guardian)

Date _____