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**FINANCIAL AGREEMENT**

Health Insurance Patients

- Co-pay or co-insurance is due at the time of service. Any optional therapies chosen by you and not covered by insurance are also due at time of service.

Cash Payment Patients

- Payment is due at the time of service.

Auto Insurance Claims

- Patients with injuries related to an auto accident must inform Natural Relief Acupuncture at the time of their first appointment.

Other

- We have a 24-hour cancellation policy, patients who cancel appointments after the 24 hour period or do not show for their appointment will be assessed a \$40 cancellation fee.
- Balances due that are not paid within 90 days will be sent to collections.
- A 1% service charge will be applied to any unpaid balanced past 30 days.

**INSURANCE PATIENTS**

- As a courtesy we bill your insurance carrier. However, it must be understood that the contract is between you and your insurance carrier and you are fully responsible for any amount that they do not pay.
- Our office does not guarantee that your insurance will pay. Some insurance companies do not cover acupuncture. We will assist you, if necessary, in making every attempt to receive verification of your policy. If for any reason your claim is denied, you are responsible for the full amount of your bill.
- Our office will not enter into a dispute with your insurance company over any unpaid claim.
- If your insurance requires a referral from your primary care physician for treatment, you will be responsible for payment of all services until our office has received a hard copy of the referral. If at a later date your insurance reimburses for services that you paid for at the time of the visit, that amount will be refunded to you.
- Failure to provide us with adequate information regarding your insurance may result in a denial from your insurance carrier and you will be responsible for any unpaid balance. Please make sure that we have all the necessary information to process your claim.
- A copy of our fee schedule is available upon request.

**ASSIGNMENT AND RELEASE**

I hereby authorize my benefits to be paid directly to Natural Relief Acupuncture. I am financially responsible for any balance due. I also authorize the practitioner(s) listed to release any information required for this claim.

I authorize the release of any medical or other information necessary to the process of this claim. I also authorize payment of government benefits either to myself or to the party who accepts assignment in Box 27 of the CMS 1500 form on which claims for me are submitted.

BY SIGNING BELOW, YOU ARE ACKNOWLEDGING YOUR UNDERSTANDING OF THE FINANCIAL POLICIES DESCRIBED ABOVE.

**I HAVE READ AND UNDERSTAND THESE POLICIES AND MY RESPONSIBILITY CONCERNING THE PAYMENT OF THESE SERVICES.**

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date