

Lake Washington Acupuncture LLC Financial Policy

_____ (referred to as "you", "your", "patient" and "client"),
agree to and abide by the following Financial Policies of Lake Washington
Acupuncture LLC (referred to as "we", "us", and "our"):

1. If, for any reason, you cannot keep your scheduled appointment time, we appreciate as much notice as possible and require a **24-business hour notice for all appointments**. Without proper notice you are responsible for a **\$40 late cancellation fee** due that day. **Initial:** _____
2. **Payment** is due at the time of service. We accept cash, check, Visa and MasterCard as payment methods.
3. If you have **insurance coverage**, verify your coverage in advance and bring your insurance card to your first visit in order for us to bill for your services. Your co-pay, co-insurance and deductible are due at the time of service. Your medical insurance is a contract between you and your insurance company. It is your responsibility to know your insurance plan benefits, including co-pay amounts, deductibles, coinsurance and covered and non-covered services. You are ultimately responsible for any unpaid balance.
4. If you don't have insurance coverage or have exhausted your coverage, you will be considered **self-pay** and your balance will be collected in full at the time of service. If you pay at the time of service and later ask us to bill your insurance company, you will be responsible for any unpaid balance from your insurance company.
5. You will be sent a monthly billing statement for your portion due after your insurance has paid their portion. This balance is due in full upon receipt. If we have not received your payment prior to our next billing cycle, a **3% late fee** for each month the account is past due will be added on your statement. We ask that you pay your bill in full on receipt to avoid this.

Patient/ Guardian _____

Date _____