



GIG HARBOR

## Acupuncture & Holistic Health

### FINANCIAL POLICY

Thank you for choosing Gig Harbor Acupuncture & Holistic Health for your healthcare needs. We are committed to providing you the best possible care. A clear understanding of our financial policy is an important part of our professional relationship. Please read and sign this policy prior to any treatment.

#### **Payment**

Payment for all treatment, services, supplies and supplements is required at each visit. We accept cash, check, credit card and flex/health savings cards.

#### **Super Bill Invoice**

Please inform us before your appointment if a super bill invoice for treatment is needed. We do not direct bill insurance companies as of November 1, 2017.

#### **Late Cancellation / No-Show Policy**

We require a minimum of 24-hour notice for cancellation of an appointment to allow other patients the opportunity to schedule. There will be a \$50 charge applied to your account should we not receive 24-hour notice and this will need to be paid prior to receiving further treatment. \*If you are more than ten minutes late for your appointment, you may need to reschedule.

#### **Prepaid Packages**

Packages for Acupuncture Therapy and BEMER Vascular Treatment are non-refundable and non-transferable. If an acupuncture package is submitted to an insurance company as highlighted in a super medical invoice and they do not accept the package as is, then the patient is responsible for paying the difference of \$60 to then convert the package into individual return visits and a superbill medical invoice will be provided for each of those visits.

#### **Personal Injury (PIP) / Motor Vehicle Accidents (MVA)**

We will submit claims for evaluation and treatment related to a motor vehicle accident. We will not bill third party insurers. In these cases, any evaluation and treatment must be paid for at the time of service.

#### **Returned Checks**

If a check is returned for insufficient funds, all charges incurred by Gig Harbor Acupuncture & Holistic Health will be billed directly to the patient.

I have read and understand the above information.

\_\_\_\_\_  
Patient Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

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