

# 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 the time of each visit. We accept cash, check, credit card and flex/health savings cards.

## Super Bill Medical Invoice

Please inform us before your appointment if a super bill medical invoice for evaluation and treatment is needed. ***We are not contracted with any insurance companies. Please check with your insurance regarding your out-of-network benefits if you plan to submit a superbill medical invoice for reimbursement.***

## Late Cancellation / No-Show Policy

We require a **minimum 24-hour notice for cancellation** of an appointment to allow other patients the opportunity to schedule. There will be a **\$50 late cancellation/no-show fee applied to your account** 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, BEMER Vascular Treatment, Microneedling and Red Light Therapy 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 saved 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 no longer accept PIP/MVA claims and will not submit claims for evaluation and treatment. If you have been in an accident, 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

***Gig Harbor Acupuncture & Holistic Health***  
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