

BodyWise Acupuncture & Total Wellness

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955 Lane Avenue
Suite #201
Chula Vista, CA 91914
Tel: (619) 421-9521
Fax: (619) 421-9568

FINANCE POLICY

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve this goal, we need your assistance and understanding of our payment policy.

It is important that you understand that:

1. Your insurance is a contract between you, your employer (if applicable) and the insurance company. We are not a party to that contract.
2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they limit or do not cover.

Payment for services, which may include deductible, coinsurance, or copay, is due at the time services are rendered unless payment agreement exists with your insurance carrier or personal arrangements have been approved in advance by our staff. We accept cash, checks, MasterCard, Visa and Discover. Your appointment will be rescheduled if payment is not made at the time of service.

Please note we do not accept third party liens or coordinate payments with third party payers or attorneys. If you elect to use your health insurance for personal or automobile inflicted injuries you will be doing so at your own financial risk and responsibility. As stated above, applicable copayment amounts and or deductibles will be due at the time of service.

Any non-covered services will be patient responsibility and full payment will be due within 30 days from the statement date.

Please be advised there will be a **\$25.00** service fee added to your account for returned checks. Patients should keep their accounts current while waiting for the insurance company payment. Should the account be referred for collections, the undersigned shall pay reasonable collection expenses including attorney's fees.

If you are unable to keep your appointment, please call in advance so that someone else may see the practitioner in the time which has been reserved for you. There will be a **\$25.00** charge added to your account for each no show appointment and for less than 24 hour cancellation notice. After three (3) no shows or cancelled visits, you may be discharged from further treatment at the practitioners discretion.

As Acupuncture and Oriental Medicine practitioners, our relationship is with you. We understand that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact our billing department at **(619) 656-5102** for assistance in the management of your account.

If you have any questions regarding the above information or regarding insurance coverage, please do not hesitate to ask us. We are here to help.

The undersigned certifies that he/she has been informed and has read the foregoing and is the patient, patients' parents or guardian, or is duly authorized by that patient as patient's general agent, and that he/she understands the terms contained in this finance policy.

Signature

Date

Relationship to patient