

Traditions Acupuncture

Welcome! The staff at Traditions Acupuncture is dedicated to providing you the best possible care. We want you to feel welcome and comfortable throughout your treatment. This includes understanding your treatment plan as well as our financial philosophy.

Financial Agreement:

Many people think that if they have health insurance, it is the insurance company which owes the doctor for medical services. This is not the case. The health insurance contract is **between the patient and the insurance company**. Therefore, the **patient is responsible for the bill**, regardless of the insurance coverage. As a courtesy to our patients, we will bill Blue Cross/Blue Shield of Oregon; however, the responsibility for payment will remain with you. In order for us to bill your insurance company, you must provide complete information about your coverage, including any necessary form and group numbers.

Insured medical patients are expected to pay the estimated non-insurance portion at the time of service. Most medical insurance do not cover 100% of the cost of treatment. If insurance has not paid within 60 days of treatment, you will need to make full payment to this office and be reimbursed when insurance pays. We will mail monthly statements to all patients with an outstanding balance. Unpaid balances over 60 days will be assessed a finance charge of 18% per annum.

Patients who are not insured are expected to pay fees in full at time of service unless prior arrangement has been made. Payments may be made with cash or check. We also accept VISA and Mastercard.

IF YOU ARE INSURED:

- 1) Please be familiar with the coverage and the deductible on your insurance plan(s).
We will verify your health insurance benefits prior to your first office visit.
- 2) Please bring your insurance card with you on your visit.

An often misunderstood term used by many insurance companies is "Usual, Customary, and Reasonable (UCR) fees. This is an arbitrary fee ceiling at which the insurance company will stop reimbursement. After this ceiling, coverage for further treatments will cease. Again, this has nothing to do with the fee charged, but rather with the level of coverage negotiated by the policy holder or your employer.

I acknowledge that I am financially responsible for all charges whether or not they are covered by insurance. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize the practitioner to release information necessary to secure the payment of benefits.

Signature: _____ Date: ____/____/____