Financial Agreement

Lighthouse Acupuncture

443-927-6273

29 Broad Street, Suite 201B

Berlin, MD 21811

1. I understand that payment for services are due at each appointment.
2. If my insurance company is to be billed, I am responsible for my co-pay at the time of treatment. Should my insurance fail to reimburse Lighthouse Acupuncture, I understand I will be responsible for the entire treatment fee for the session even if the insurer determines that the service is not medically necessary.
3. I understand that I am using my insurance for payment. My practitioner will be billing electronically using a standard 1500 CMS form and may be required to provide a diagnosis and specifics about my treatment. I hereby authorize disclosure to the insurance company of any and/or all of my medical information as necessary for billing purposes.
4. I authorize payment of medical benefits to Lighthouse Acupuncture.
5. I understand that I am liable for the $50 fee for the appointment if cancellation occurs without 24-hour notice. There is no fee in the case of an emergency.
6. Late arrivals will not receive an extension of scheduled appointment time and will be charged the full service fee.
7. In the event of a bounced check the patient will be charged a $30.00 fee.
8. The fee for the initial session includes a comprehensive health history and physical exam that may include questions regarding your health, symptoms and lifestyle, pulse and tongue diagnosis for $175.
9. The fee for a follow-up treatment session is $95.
10. I have read this agreement and had my questions answered to my satisfaction. I understand and agree to comply with all of the above stipulations.

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 Patient or guardian signature

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 Print name of patient

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 Practioner’s signature

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 Date