

Marilyn Yohe, L.Ac., MAOM
Licensed Acupuncturist
335 Broadway, Cambridge, MA 02139
617-354-2274

Financial Agreement – Health Insurance

We would like to take a moment to welcome you to our office and assure you that you will receive the very best care we can provide for your condition. In order to familiarize you with the financial policy of this office we would like to explain how your medical bills will be handled.

Explanation of Insurance Coverage

Many insurance policies do cover acupuncture care, but this office makes no representation that yours does. Insurance policies vary greatly in terms of deductible, copayment/co-insurance, number of sessions covered, referral requirements, and health conditions that qualify for acupuncture benefits.

As a courtesy we will bill your insurance carrier directly. However, it must be understood that the contract is between you and your insurance carrier and you are responsible for any amount that they do not pay.

We will do our best to verify your insurance coverage before billing, and will submit claims in a timely manner. Please note that verification of benefits does not guarantee payment by the insurance company. If your insurance company fails to pay as expected, we will make an effort to resolve the issue before passing the bill along to you.

Initial _____

Assignment of Benefits

By signing this form you are authorizing payment of medical benefits will be made directly to this office. If your insurance carrier sends payment to you for services incurred in this office, you agree to send or bring those payments to this office upon receipt.

If you choose to pay for your treatment out of pocket and submit the receipts to your insurance company for reimbursement, payment will be sent directly to you.

Initial _____

Release of information

By signing this for you are also authorizing this office to provide your insurance carrier with any medical or other information necessary to process the insurance claims for your treatment.

Initial _____

Payment Arrangements

Your co-payment or co-insurance is due at the time of service.

If you have not met your plan's deductible for the year, payment in full is required at the time of service. As a courtesy we will submit the claim to your insurance company so that you will receive credit toward your deductible. If you pay for a session that is later also paid by your insurance company, we will refund the portion of your payment that was reimbursed by insurance, up to the amount you paid less any co-payment or co-insurance assigned to you by the insurer.

Please note that we typically bill insurance at higher rates than the self-pay rate, which represents a discount for payment at the time of service. If you pay a co-insurance that is calculated as a percentage, this may affect the amount of your out of pocket payment. The actual reimbursement rate, and your co-insurance amount, are determined by your insurance company.

If your insurance pays less than the self-pay rate, you may owe us the difference. Once we receive payment (or notification of non-payment) from your insurance, we will bill for any remaining unpaid amount unless our contract with your provider prevents us from doing so. It typically takes between four and twelve weeks for your insurance company to process a claim.

Initial _____

Cancellation Policy

Your appointment time is reserved specifically for you. We require at least 24 hours notice to cancel or reschedule an appointment.

Appointments that are canceled or changed with less than 24 hours notice are subject to a cancellation fee equal to the self-pay rate for the session. Please note that insurance will not pay for a missed session, and you will need to pay out of pocket for any cancellation fees.

Initial _____

I have read and agree to the above.

Name _____

Signature _____

Date _____