



OFFICE POLICIES

Welcome to THE POINT. We appreciate you choosing us as your health care partner. We are committed to providing the best medical care possible. The following statement explains our office policies, which we ask you to read, sign and return to us prior to your treatment.

Please show up to appointments on time. This is your time, and you will be charged for the time scheduled. A patient more than 20 minutes late may not be seen unless we have been notified of the tardiness ahead of time.

Cancellations & missed appointments. Please provide 24-hour notice of cancellation prior to your scheduled appointment. Anything less may be charged accordingly. The nature of our business requires this time to reschedule someone else in your time slot. If you miss an appointment, all parties suffer: you miss out on treatment, we now have an open block of time, and the person that couldn't get in during your scheduled time. Our policy is intended to respect the time constraints and integrity of all parties.

Reasons for being dismissed/denied treatment: Patients who show inappropriate conduct, non-or-late payment of fees, or safety concerns may be denied treatment.

FINANCIAL POLICY

Your payment is due in full at the time of service. For your convenience, we accept cash, check or credit cards (Visa or MasterCard only). For checks returned to us as unpaid by your bank, you will be charged a \$25 fee.

INSURANCE POLICY

We do accept some health insurances. We will call to verify coverage and check benefits for you. You are responsible for your deductible, co-payment, and any non-covered or excluded amounts under your policy.

Please remember that your insurance policy is a contract between you and your insurance company, and that our office is not part of that contract. We will gladly submit the paperwork to your insurance to aid in the processing of your claims; however, you are ultimately responsible for the charges incurred at our office. If the situation should arise that the insurance payment has not been made within 60 days from the date of service, you will be asked to make payment on the outstanding portion of your account. In the case that your insurance company sends a check directly to you for the payment of the treatment, you hereby agree to endorse the check to THE POINT and turn over payment with accompanying Explanation of Benefits form.

If your insurance company does not cover acupuncture or if I am not an approved provider for your insurance, I will gladly give you a receipt for all of your treatments so you can submit them to your insurance company for reimbursement.

Please indicate your understanding and acceptance of these policies by signing below.

Patient's Signature

Patient's Name

Date



RECORDS RELEASE & ASSIGNMENT OF INSURANCE BENEFITS

The undersigned hereby authorizes the release of any information to claims for benefits submitted. I further agree and authorize Katherine Altneu L.Ac. to submit claims for benefits, for services rendered, without obtaining my signature on each claim. I (patient) _____ hereby authorize (Insurance Co.) _____ to pay and hereby assign directly to Katherine Altneu all owed benefits. I understand that I am financially responsible for all charges incurred, whether or not they are covered by my insurance company. This authorization shall remain valid until written notice is given by me revoking said authorization.

Signature of Patient

Date