PATIENT FINANCIAL RESPONSIBILITY

Thank you for choosing Healthy Qi & You to assist with your healthcare needs. I am committed to providing you with quality and affordable health care. Because some of my patients have had questions regarding patient and insurance responsibility for services rendered, I have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

Insurance. Because of the administrative and labor costs associated with processing insurance, I am not able to take insurance at this time. The time and money I save in not billing and following up with insurance companies I can pass on to you. I offer everyone my Time of Service rates, which are significantly less than my regular fees, when their accounts are paid in full on each visit. A written copy of my fee schedule is available upon request.

As a courtesy, I can prepare a Superbill that you can submit to your insurance for reimbursement.

Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage and reimbursement processes.

Nonpayment. Unless other prior written agreements have been made, any outstanding balance more than 90 days old is considered past due. If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care.

Financial Hardship. I will do my best to work out feasible payment options for anyone who is in need of care. If you have a financial hardship, please ask to see if you may be eligible for other payment options.

Missed Appointments and Cancellations. I would request that you give me 24 hours advance notice in the event you need to reschedule or cancel your appointment. My office policy is to charge for missed appointments not canceled within this 24-hour timeframe. In the event you fail to give at least 24 hours advance notice to reschedule or cancel, you will be charged a $75 fee for a standard in-office visit. These charges will be your responsibility and billed directly to you. Please help me to serve you better by keeping your regularly scheduled appointment.

My practice is committed to providing the best treatment to my patients. My prices are representative of the usual and customary charges for our area. Thank you for understanding my office's payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

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Signature of patient or responsible party **Date**