

## **You Are Welcome:**

At Sustain Community Acupuncture, we realized that patients were not always given the options or access to natural medicine that they deserved. We found patients wanted the most effective natural healthcare but on a budget. We set out to create a resource for our patients that include affordable and accessible care provided by master level practitioners. That is how we created Sustain Acupuncture and our pledge of service.

## **The Pledge:**

- **To the best of our ability, we agree to provide our patients with accessible, affordable and evidence based care.**
- **We pledge to only prescribe therapies that are necessary and proven.**
- **We will only prescribe the amount of care needed to get you well.**

We are a group of highly trained physicians, who are passionate about acupuncture and natural medicine. We believe:

- Everyone deserves effective natural medicine
- Acupuncture improves lives
- Acupuncture advances long term health
- We can be part of a healthy community

**How Long: We strive to treat patients till they are 90% better. At this time it is better to focus on other pressing health issues and allow the patient, through lifestyle changes and prescribed exercise heal to 100% on their own.**

Know we will always give you the option of private intakes with confidential examinations. We will then have you move to the community room where we will treat you in the most effective manner while also maintaining your modesty. We ask that you turn phones off, remove shoes, roll up your sleeves and relax during your treatments. There are always pillows, blankets and eye masks available for your comfort. Acupuncture triggers deep relaxation so feel free to listen to music on your phone, meditate or nap quietly. We will check on you often.

Patients often prefer to see the same physician through the course of their care. We encourage this but also want you to know that it is okay for you to see the practitioners that fit best into your schedule.

As you begin to know our good work and the effectiveness of the medicine we ask that you keep us in mind as a place to refer friends and loved ones. As many patients have come to rely on us for their natural healthcare, so to have we come to trust and rely on our patients for referrals when they have a loved on in need.

Thank you,

The Sustain Acupuncture Team

## **HIPAA - CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS**

I understand that as part of my healthcare, this organization originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care of treatment. This organization maintains the privacy of your health information in accordance with state and federal law.

Release of any health information to a third party must be requested in writing and signed by the patient.

### **I understand that this information serves as:**

- A basis for planning my care and treatment.
- A means of communication among the many healthcare professionals who contribute to my care.
- A source of information for applying my diagnosis and surgical information to my bill.
- A means by which a third-party payer can verify that services billed were actually provided.
- A tool for routine healthcare operations such as assessing care quality and reviewing the competence of healthcare professionals.

### **I understand that I have the right:**

- To request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations – and that the organization is not required to agree to the restrictions requested where it interferes with legal obligations or contracts with insurance companies
- To revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereupon.

## **SUSTAIN COMMUNITY ACUPUNCTURE FINANCIAL AGREEMENT FOR 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 of care available 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 may vary greatly in terms of deductible and percentage of coverage for acupuncture care. Because of the variance from one insurance policy to another, we require that you, the patient, be personally responsible for the payment of your deductibles, as well as any unpaid balances in this office. We do offer super bills, at the time of service prices, that you can turn into your insurance carrier towards your deductible. We will do our best to verify your insurance coverage, and will bill your insurance in a timely manner. Services, such as manual therapies, which are not covered by insurance are due at the time of service.

### **Payment Arrangements:**

Until such time that this office has verification of acupuncture coverage by your insurance company, via receipt of the first Explanation of Benefits (EOB) to this office, you will be responsible for full payment at the time of service. After verification of benefits, we require that you pay your health insurance co-pay or percentage, which ever is applicable, towards today's charges and at the time of each visit thereafter. The balance of each of your visits will be held on account until payment is received by your insurance carrier. Any unpaid balances will be considered your responsibility and due within 30 days following insurance reimbursement. You, the patient, are responsible for any fees/services not covered by insurance.

### **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. However if you pay for your visits in full the assignment will not be reported by this provider and any payment will be sent directly to you.

### **Release of Information:**

By signing this form you are also authorizing this office upon request from your insurance carrier the release of any medical or other information necessary to process the claim. You also acknowledge and request payment of government benefits either to myself or to the party who accepts assignment, namely this office.

### **Voluntary Termination of Care:**

If you suspend or terminate your care at any time, your portion of all charges for professional services is immediately due and payable to this office. All services rendered by this office are charged directly to you, and you, ultimately will be personally responsible for payment regardless of your insurance coverage.

Each patient is required to keep a credit card on file for incidentals and/or missed appointments. We hope this answers any questions you might have concerning the financial policy of this office. Once again we welcome you to our office, and will be glad to answer any further questions that you might have.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_