

FINANCIAL POLICY

Our policy requires that payment for treatment and products are made at the time services are rendered.

If you intend to use your health insurance for payment at our clinic, this policy is still in effect until it is assured that your insurance does, in fact, cover your acupuncture treatments. At that point, you will be reimbursed for all cash payments you have made minus any co-payments that were due and payable at the time of service. Please consult your insurance company for verification of your benefits. If you are an Anthem Blue Cross patient, as a courtesy, we can provide you with an itemized invoice that you may submit to your insurance company, but you will be financially responsible for our cash discount fees at the time of service as outlined below:

- o Initial Evaluation with Acupuncture Treatment - \$130
- o Follow-up Evaluation with Acupuncture Treatment - \$85
- o Initial Evaluation (nutritional/herbal) without Acupuncture Treatment - \$85
- o Follow-up Evaluation without Acupuncture Treatment - \$50
- o Lab Reading - \$25

All **Lab Readings** in office, via email and by phone will incur **an additional \$25 charge**. As a courtesy, the Lab Reading fee is waived at Initial Evaluations. Please allow an extra 15 minutes for in-office follow-up appointments that will include Lab Readings.

Kara Katko LAc's fee for a follow-up appointment for an established client is \$85. If an appointment time extends beyond the 1 hour allowed, fees based on the additional time spent will be applied to the amount due at the time of service. For example, if an additional 15 minutes is spent \$21.25 will be added on to the usual rate of \$85; if an additional 30 minutes is spent \$42.50 will be added on to the usual rate of \$85. (Additional time for Lab Readings are excluded from this policy--please see above.)

We accept Visa/MasterCard, personal checks and cash. If you opt to pay with cash, please have exact change on hand at the time of payment or a credit will remain on your account.

Checks returned due to insufficient funds will incur a \$20 charge.

Our policy regarding herbal & nutritional products is as follows: **All Sales Are Final.**

Phone Consultations

\$55 base consultation fee plus \$1 per minute

Email Consultations

\$85 for four reciprocal emails (8 total)

Less than 8 total emails will be charged the appropriate fraction of the aforementioned equation.

**Please note that anything other than a quick question or request for an appointment will be considered an initiation of an email consultation. As a courtesy, you will be asked to confirm that you are requesting an email consultation prior to incurring any charges.*

New Patients

All New Patient forms must be received by our office **at least one day prior** to initial appointment. If your forms are not received the day before your initial appointment, you will need to contact us and reschedule your first appointment. Forms should be mailed via USPS or courier to the address at the bottom of this page, put through the mail slot at our office or scanned & emailed to karalac@gmail.com.

Shipping Fees

All orders shipped by our office via USPS will be charged the USPS fee with the handling fee waived. All orders drop-shipped from one of our distributors will incur a flat \$6 shipping fee for orders under \$50 and free shipping for all orders over \$100.

Late Cancellations & Missed Appointments

We require at least 24 hours notice for any appointments you will not be able to keep. You will be charged in full for any missed appointment with less than 24 hours notice. Unavoidable emergencies will be considered reasonable exceptions.

If you have not arrived yet and it is 15 minutes after your scheduled appointment time, you will be considered late , your appointment will be cancelled and you will be charged for a missed appointment. Please contact the office as soon as you are able to reschedule your next appointment.

Release Of Medical Records And Agreement To Financial Responsibility

I authorize Kara Katko LAc to provide copies of my medical records, billing statements and other relevant information regarding my diagnosis and treatment to referring physicians, my insurance carrier(s), and/or my attorney. I agree that regardless of insurance or other coverage I may have, I am personally and directly responsible for all financial obligations incurred. I agree to abide by the policies described on this page and to pay for services in full at the time they are rendered unless other arrangements have been made previously and in writing. If Kara Katko LAc is forced to take legal action against me to collect an outstanding balance, I agree to pay for all reasonable collections, costs, legal fees, and court costs incurred to do so.

My signature below confirms that I have read and understood the all of the policies outlined on all pages of this Financial Policy and that I agree to adhere to them in all respects. I agree to remit the aforementioned and appropriate payments to Kara Katko LAc if I do not cancel an appointment with the proper notice described above or if one of my personal checks submitted to her for payment is returned due to insufficient funds.

Patient Name (please print)

Date

Signature