

Patient's name _____ Date: _____

FINANCIAL POLICY

Virginia Wagenknecht, LAc, and her staff are here to help you in all aspects of your care, including financial arrangements. Our policy is that **payment for the treatment is made at the time services are rendered.**

Please be aware that if you have Health Insurance and Acupuncture is covered under your benefits plan, we offer complimentary filing with your insurance company for you but ultimately you will be financially responsible for the remaining balance after we receive the Claim settlement (Unless you are a Worker's Compensation Patient). Please be advised that we are not members of any Insurance network but this does not affect your acupuncture coverage.

We are available to discuss any special circumstances that affect your ability to pay for services rendered, but these arrangements must be made prior to treatment with an agreement signed by both parties.

MISSED APPOINTMENT POLICY

When you make an appointment, professional time is especially reserved to provide for your care. **If you fail to appear for your scheduled appointment or fail to give 24 hour notice, your account will be charged \$50.00 for that missed appointment.**

AGREEMENT OF FINANCIAL RESPONSIBILITY

I hereby authorize Virginia Wagenknecht LAc, to provide copies of my medical records, billing statements, and other relevant information regarding my diagnosis and treatment to my insurance carrier, referring physician and / or my attorney. I agree that regardless of any insurance coverage that I may have, I am personally and directly responsible for all financial obligation incurred (Unless my care has been authorized by a Worker's Compensation Insurance Carrier). I agree to abide by the above policies and to pay for services in full at the time they are rendered unless other arrangement has been made previously in writing. If Virginia Wagenknecht LAc is forced to take legal action against me to collect an outstanding balance, I agree to pay for any and all responsible collection cost, legal fees and court to do so.

Patient's Signature _____ Date: _____