

Holistic Healthcare Services, Inc.

Patient Payment and Cancellation Agreement

We require your signature on this form prior to treatment. Please read the following and initial each section. Please sign and date the bottom of this page.

_____ I understand that I am responsible for payment for all services received at this office. I am also responsible for
Please initial payment for all products received from this office. **I agree to pay for all services and products at the time**
here **of treatment unless other arrangements have been made with HHS.** (To make such arrangements,
please call HHS and speak to the office manager.)

_____ If my Insurance plan is being billed for these treatments, **I understand that I am responsible for any unpaid**
Please initial **portion of my bill including insurance deductible, co-pays, any products or procedures not covered by**
here **my insurance plan, and any balance remaining after insurance payments have been made.**

_____ **I understand that a non-payment fee of \$15.00 per month** will be charged to my account if I have an
Please initial outstanding balance and fail to make payment against that balance for 3 consecutive months or more.
Here

_____ I understand that last minute cancellations and no-shows result in loss of revenue to the practitioner. **A \$15.00**
Please initial **charge will be applied to my account for any no-shows or if I fail to cancel my appointment with at least**
here **24 hours notice.** I understand that arriving more than fifteen minutes late may necessitate abbreviating or
rescheduling my appointment, or may be regarded as a no-show. **I understand that for reasons of clinical**
efficacy, and out of respect for other patients, repeated no-shows and/or late cancelations may
necessitate my being terminated from the practice.

_____ **I authorize release of information regarding my treatment to all my insurance companies. I authorize**
Please initial **my doctor to act as my agent in helping me obtain payment from my insurance company. I authorize**
here **payment direct to my doctor. I permit a copy of this form to be used in place of the original for all**
insurance billing.

_____ **I authorize release of information regarding my treatment to my primary care physician and any other**
Please initial **medical specialists currently involved in my treatment.**
here

Patient signature

Date

Discounted fees

Acupuncture services are charged at the following rate: \$91.00 per treatment.

We offer a discounted rate for payment at the time of service. This means that if you pay at the time of your treatment, we will collect \$68.00 and wave the remaining \$23.00. Payment at the time of service significantly reduces our administrative costs and so we pass those savings on to you. We will not be offering a discount for the Initial treatment appointment, as this is a longer appointment requiring more of the practitioner's time. If you are unable to pay at the time of service, the full \$91.00 charge will be placed on your account and you will be billed. If you schedule your appointments for a time when the front desk is not staffed, you can leave your payment in one of the blue payment envelopes available at the front desk, or call our office later that morning and we can process a credit card payment over the phone. Alternately, we can keep your credit card number on file and charge you the discounted rate that day. Please call to make these arrangements.

Some insurance plans may give you access to a discounted rate. These discounts vary from plan to plan, but generally they run between a 10% and a 25% discount. It is the responsibility of the patient to contact their insurance plan and find out if a discount is applicable. Our office will make a copy of your insurance card at the first visit and we may call to confirm the discount as well. If patients with an insurance discount pay at the time of treatment, they will be given the time of service discount and charged the \$68.00 fee. If such patients do not pay at the time of service, their discounted rate will be charged to their account and they will be billed. For example, if your insurance plan entitles you to a 10% discount, your account will be billed \$81.90 if you do not pay at the time of service.