Rose Koi Acupuncture, LLC

Office Policies

Welcome to **Rose Koi Acupuncture, LLC**. We want you to be as comfortable and to receive the best care possible. Please do not hesitate to ask any questions you might have regarding your visit, your billing, or our policies.

Fees: The fees charged in this office are comparable to those charged by other healthcare providers in this area, with similar qualifications. Please ask to see our fee schedule and acceptable payment methods.

Insurance Coverage: Many insurance policies cover acupuncture, but we do not claim that yours does. Please reach out directly to your insurance company to confirm they cover acupuncture for your condition. We can verify coverage and submit your claim form for reimbursement, provided you sign the financial agreement below. **PLEASE NOTE:** If your insurance denies your claim(s) you will be responsible for remitting payment at the payment-at-time-of-service discounted rate, minus any coinsurance or copayments you have already paid.

Release of Information: Your insurance company may require medical reports to document our treatment and progress. Your signature below authorize the release of medical information necessary to process your claim.

Cancellations: As a courtesy to our office and other patients, we ask that you please notify the office at least 24 hours in advance if you need to cancel or reschedule your appointment. You will be charged 50% of the fee for any missed appointment or cancellation giving less than 24 hours notice for any non-emergency situations.

Refusal of Care: We reserve the right to refuse or terminate care at any time at our discretion.

Financial Agreement

I acknowledge I am receiving or about to receive health care services in this office. I understand that I am responsible to pay all related fees when services are rendered, including herbs, etc. If I choose to use my insurance I understand I will be responsible for all "non-covered" services and/or coinsurance/co-pays associated with my office visit. In addition I authorize insurance payment of medical benefits to **Rose Koi Acupuncture, LLC**.

By signing below, I agree to comply with the office policies stated above which I have read and understood. I also authorize the use of this signature on all insurance submissions.

Updated: 10/2024