



## OUR PATIENT CARE FINANCIAL AGREEMENT POLICY

Effective September 1, 2013

Dear Patient,

Thank you for choosing Dr. Fred Ragsdale, 1000 Folded Cranes Acupuncture, as your healthcare provider. We are committed to your treatment being successful, and our office policy has been established to ensure that the best health service can be provided to you and your family. Thank you for understanding our financial policy. Please let us know if you have any questions or concerns..

*Full payment is due at the time of your service. We accept cash, check, credit and debit cards.*

### **Missed Appointments and Cancellations**

In order to prevent being charged a cancellation fee I agree to give at least 24 hrs notice of cancellation. When we make an appointment, I am reserving time just for you. Sufficient cancellation notice allows us to offer your time to another patient who may be waiting for an appointment. Uncanceled or missed appointments without 24 hr notice will be charged the full amount. For patients arriving more than 15 minutes late, you may be asked to reschedule your appointment if there is not sufficient time to provide the best treatment to you, or to have a shortened session. We will do our best to provide sufficient treatment, schedule permitting. Please help us provide the best care to you by keeping scheduled appointments in a timely manner. Late cancellations due to emergencies are understandable, in those cases the cancellation fee will be waived.

### **Regarding Insurance**

Please remember that medical services are rendered to you, not to your insurance company. You can verify your insurance coverage conveniently on our website (See Forms page). Verification will be provided within 24 hours. The full cost of services is ultimately your responsibility, even if your insurance provider denies payment for any portion of your bill for any reason. Some insurance companies send payments directly to the patient and in this case, we ask that you pay for services in full at the time of service. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under your medical insurance programs. Insurance companies do not reimburse for cancelled sessions. Please note that supplements and/or herbal formulas supplied as part of your treatment are not typically covered by insurance.

My signature below certifies that I have read and understand the above Financial Policy and agree to be responsible for full payment of all services rendered to myself and/or any member of my family.

In order to avoid a late cancellation fee, I agree to give at least 24 hrs notice.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Patient or Responsible Party