

PHILIP KELLEY, LICENSED ACUPUNCTURIST

2120 SW 152ND ST, BURIEN WA 98166 • (206) 244-7973 CLINIC • (206) 241-8677 FAX

Welcome!

I want to reassure you that acupuncture is safe and, by and large, painless. Most people experience a sense of relaxation and well-being. My goal is to support your body's natural healing process and assist you in improving your overall health and vitality.

Please do not skip a meal before your appointment. If possible, wear loose fitting clothes that easily roll up over the elbows and slide up over your knees.

Financial Policies

As a courtesy, I will directly bill your insurance claim. Be aware that insurance coverage is an agreement between you and your insurance carrier, and that you are personally responsible for any reasonable charges. I work with a medical billing service which processes claims and invoices clients for me. If have questions about, or feel there is an error on a statement that you receive, please contact them or myself, and we will address your concerns.

Even if you are sure you are eligible for insurance coverage, please call your insurance company customer service to verify your benefits. I have included an insurance verification form for your convenience. Using this form will help answer important questions regarding your coverage. If you wish, I may help verify your benefits for you, but this does not guarantee payment.

Co-payments and unmet deductibles are due at the time of the visit. If you are waiting for a referral that has not yet been confirmed, you may need to pay out of pocket until the referral is finalized. If your insurance coverage is declined due to ineligibility or other reasons, you must pay for services rendered. Balances, (deductibles plus coinsurances), are due upon receipt of statement. A rebilling fee of \$3 will be added to each additional bill that we need to send.

If your insurance will not cover treatment, your payment is due at the time of your visit. We accept cash and personal checks, Mastercard and Visa. For any returned checks, a \$10 fee will be charged to you. A billing statement is available upon request.

I ask 24-hour notice for any appointments that you are unable to keep. I understand that missed appointments can happen for a variety of reasons and am generally forgiving of mistakes. However, when necessary I may assess a charge of \$35 for missed appointments. Unavoidable emergencies will be considered reasonable exceptions. Missed appointments are absolutely not billable to your insurance company.

I have read and authorize this disclosure. I understand the above financial policies and agree to adhere to them in all respects. I also authorize Philip Kelley, LAc. to release to my insurance company or companies any and all information necessary to process any claim. I further authorize that payment(s) be made directly to Philip Kelley, LAc. PLLC

Signature of Patient (or Parent or Guardian)

Date