

Zen Acupuncture

HERBAL MEDICINE & BODY THERAPY
1780 TOWN & COUNTRY DRIVE SUITE A-102 / NORCO, CA 92860
951-270-0036

OUR FINANCIAL POLICY

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy, or your responsibility.

- All Patients must complete our "Patient Information Form" before seeing doctor.
- Full payment of patient portion (not covered by insurance) is due at time of service.
- We currently accept **cash or credit card**

- **Adult Patients**

Adult patients are responsible for **full payment** regardless of insurance benefits.

Minors Accompanied By an Adult

Legal Guardian /Parents are responsible for **full payment** of minor patient at the time of service.

Unaccompanied Minors

The Parents (or Guardians) of unaccompanied minors are responsible for **full payment**. Non-emergency treatment will be denied unless charges have been pre-authorized to an **approved** credit plan or paid by cash or check at time of service.

Regarding Insurance

Any patient wishing to have insurance cover all or a portion of their treatment should contact their insurance provider to learn the coverage boundaries of their policies with respect to Traditional Medicine including Acupuncture.

We are able to work with a wide variety of insurance providers . This process requires the patient to pay the portion the insurance requires (deductables, copays or share of costs) at the time of the visit.

You are responsible for the timely payment of your account.

Regarding Collections

If any action is brought to enforce or interpret any of the terms of this agreement, or collect any amounts due, the prevailing party in any such action shall be entitled to an award of attorney's fees and costs.

Regarding Bounced Checks

\$20.00 will be charged to the patient if any check by the patient, or on behalf of the patient, is returned or dishonored by the bank for any reason. Any check which is dishonored or not paid by the bank, and which the patient had not paid in case within thirty (30) days after notice, will be subject to liability for triple damages not less than \$100.00 nor more than \$500.00.

Missed Appointments

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at a rate of the service scheduled. Please help us serve you better by keeping scheduled appointments.

THANK YOU FOR UNDERSTANDING OUR FINANCIAL POLICY. Please Let Us Know If You Have Any Questions or Concerns.

By signing below, I verify that I have read the above policies and agree to all of the terms.

Print Name: _____ Signature: _____ Date: _____

PATIENT PRIVACY PRACTICES

In choosing Zen Acupuncture for your Health Care needs, we want you to know that your confidence in us is of utmost importance. All information that is obtained from you by this office is protected and kept confidential. Every reasonable measure to prevent unauthorized disclosure of your protected health information is practiced. Please review our Privacy Practices for ensuring this for all of our Patients.

- Your protected health information is accessed and used for healthcare related purposes only.