

# Yang Acupuncture Clinic

778 B Street Suite B, Hayward, CA 94541

## Our Financial Policy

We are committed to providing you with the best possible care, and we are pleased to discuss 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 is due at the time of service.
- We accept **cash, checks, Visa/Master card, Discover card.**

### ADULT PATIENTS

Adult patients are responsible for **full payment** at the time of service.

### MINORS ACCOMPANIED BY AN ADULT

The adult accompanying a minor, and his/her parents (or guardians), are responsible for **full payment** at time of service.

### UNACCOMPANIED MINORS

The parents (or guardians) are responsible for **full payment**. Non-emergency treatment will be denied unless charges have been pre-authorized to an **approved** credit plan or to Visa/Mastercard, or paid by cash or check at time of service.

### REGARDING INSURANCE

If you have insurance, we will help you receive maximum benefits.

We will NOT accept insurance on your first visit. However, we will help you complete claim forms so that you can be reimbursed by your insurance company to the extent of your coverage.

On subsequent visits, we MAY accept your insurance if you obtain approval from our office staff prior to the date of services. If your insurance company has not paid the **FULL BALANCE** within 45 days, you have 10 working days to pay the balance. Late Payment Charges are added to unpaid accounts after 60 days from date of service. The patient agrees that **\$25.00** represents a fair estimate of the costs and expenses necessary to process a late payment, and the costs and expenses resulting from a late payment. If your insurance company pays more than the balance due, we will send a **refund check** to you immediately.

Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. (We will inform you if we are not a party to your insurance contract, and will handle your claims according to our agreement with the insurance company, if one exists.) We file insurance claims as a courtesy to our patient. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments,

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covered charges, secondary insurance, “usual & customary” charges, etc., other than to supply factual information as necessary. If your insurance company pays you directly, you are responsible for payment in full to Yang Acupuncture Clinic. **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 award of attorney’s fees and costs.

## REGARDING BOUNCED CHECKS

**\$20.00** will be charged to the patient if any check given by the patient, or on behalf of the patient, is **returned or dishonored** by the bank, for any reason whatever. Any check which is dishonored or not paid by the bank, and which the patient has not paid in cash within **thirty days** after notice, will be subject to California Civil Code Section 1719, which provides for liability for **treble damages** not less than \$100.00 nor more than \$500.00.

## REGARDING SERVICE CHARGES

There will be service charge for rebilling of **1.5% per month** (18 % annually) charged to the patient for any amounts still owing after thirty days.

## MISSED APPOINTMENTS

Unless cancelled at least **24 hours** in advance, our policy is to charge for missed appointments at the rate of a normal office visit (\$50.00 minimum). 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.

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Responsible Party’s Signature

Date:

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