glow NATURAL HEALTH CENTER, PLLC

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Financial Agreement

We would like to take a moment to welcome you to our office and assure you that you will receive the very best care available for your condition. In order to familiarize you with the financial policy of this office we would like to explain how your medical bills will be handled.

Explanation of Insurance Coverage:
Many insurance policies do cover acupuncture, chiropractic, naturopathy, and/or massage therapy care but this office makes no representation that yours does. Insurance policies may vary greatly in terms of deductible and percentage of coverage for acupuncture care. Because of the variance from one insurance policy to another, we require that you, the patient, be personally responsible for the payment of your deductibles, as well as any unpaid balances in this office. We will do our best to verity your insurance coverage, and will bill your insurance in a timely manner.

Assignment of Benefits
If your insurance carrier sends payments to you for services incurred in this office, you agree to send or bring those payments to this office upon receipt. If you pay for your visits in full the payments should be sent directly to from the insurance company.

Release of Information
If you're insurance company requires medical reports or records to document your treatment or progress, your signature below authorizes this office to release the medical information necessary to process your claim.

Voluntary Termination of Care
If you suspend or terminate your care at any time, your portion of all charges for professional services is immediately due and payable to this office. All services rendered by this office are charged directly to you, and you, ultimately will be personally responsible for payment regardless of your insurance coverage.

Cancellation Policy
I am aware that a specific amount of time has been set aside for my treatment. Arriving late means that my treatment will be adjusted to fit into the time scheduled. I will give 24 hour notice of intent to cancel or reschedule my appointment, except in case of emergencies. Missed appointments will be charged a cancellation fee.

We hope this answers any questions you might have concerning the financial policy of this office. Once again we welcome you to our office, and will be glad to answer any further questions that you might have.
I have read and agree to the above.

______________________________________ ________________
Signature Date