

PATIENT CARE FINANCIAL AGREEMENT

Thank you for choosing TCM Healing Center for your health care needs. We are committed to your improved health by providing appropriate, high quality, comprehensive family health care. While our intension is to assist you, it is your responsibility to ensure that all services rendered by TCM Healing Center on your behalf are paid in full. In order to understand our Financial Policies we have listed below our financial requirements.

1. Patient without Insurance Coverage:

Payment at the time of services is required. Cash, check, Visa, and Mastercard are accepted payment methods.

2. Patient with Insurance Coverage:

We are an out-of-network provider. You will be expected to pay (as a patient without insurance coverage) at the time service is rendered.

- If you provide us with your insurance information, every 3 visits we will print out an insurance form that you must sign and submit yourself to your insurance company. Your insurance company will reimburse you directly for any amount that is covered by your plan.
• If you do not provide us with your insurance information, on each visit, we will give you an insurance form that you need to complete, sign and send to your insurance company. Your insurance company will reimburse you directly for any amount that is covered by your plan.
• Any insurance checks that might be paid to our office in error will be credited to your account promptly or returned to your insurance company for reissue in your name.

3. Workers' Compensation Claims:

Treatment will be provided with a workers' compensation claim approval. If your employer or their insurance carrier denies your claim, you will be held financially responsible for all charges incurred for services rendered on your behalf. Any quotes given regarding treatment are cash rates – insurance may be billed differently.

4. Auto Injury Claims:

Treatment will be billed to the MedPay portion of your auto insurance policy. If your insurance carrier denies your claim due to exhausted benefits or any other reason, you will be held financially responsible for all charges incurred for services rendered on your behalf. No liens will be accepted. Any quotes given regarding treatment are cash rates – insurance may be billed differently.

5. Patient with United Health, Great West, Motion Picture, Insurance Coverage:

At your request we can verify acupuncture coverage for you and/or may help you by billing them directly.

I acknowledge that I have read and understood the above information. I understand I am financially responsible (regardless of insurance coverage) for any and all charges incurred from services provided.

Signature: _____ Print: _____ Date: _____

For our protection, we ask that you complete the following authorization, especially for Work's Comp claims, auto insurance claims, and direct billing cases. Please note that NO charges will be billed to this account unless we are unable to resolve outstanding balances with you directly. All credit card information is safeguarded and confidential. We appreciate your cooperation.

I hereby authorize T.C.M Healing Center, Inc. or his agents/employees to bill my credit card for amounts unpaid.

[] Master Card [] Visa

Print name as it appears on credit card: _____

Credit Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____