

PAYMENT AND CREDIT CARD ON FILE POLICY

We are committed to efficiency and ease when it comes to billing and receiving payment for the medical care we provide. For all visits occurring after February 1st, 2022, we require that you provide a credit card on file with our office. While we prefer that you continue to pay your account balances yourself, at your convenience, this policy will reduce staff time spent on collecting overdue balances and sending accounts to collections.

When scheduling or checking in, we will verify that you have a credit card on file, and, if you do not, we will store one on file for future transactions. Credit cards on file will be used to pay all > 40 day overdue account balances that occur after insurance has finalized the medical billing claim, including co-insurance, co-payment, and deductible.

Credit cards on file will be used to pay the following charges as they occur: - Administrative document/task fees - Late cancel/no show fee

A couple of examples of how this works:

- 1) Once your insurance has processed our claim, they will send you an Explanation of Benefits (EOB) showing your total patient responsibility (i.e. the balance you owe). If you have a remaining balance due, you will receive an invoice from us. You may pay this invoice at that time. If the full payment has not been received within 40 days, your credit card on file will be charged up to \$200 per family member, each billing period (every 28-30 days) until your balance is paid in full.
- 2) For services that incur a fee at the time they occur, your card will be charged as soon as the service is completed. For example, as soon as medical advice is provided for uninsured patients, or a late cancellation is made, or as soon as a document request is processed.

If your credit card expires or payment otherwise becomes uncollectible, you will be required to promptly provide a new means of payment. We do NOT accept HSA or FSA cards as your card on file, as they cannot be billed for late cancellation fees; however, you can pay your invoice/bill, yourself with your HSA or FSA card for visit balances.

CREDIT CARD ON FILE AUTHORIZATION

I agree to place my credit card on file to be charged by Akiko Maruyama LAc. I authorize the use of my credit card for the purposes stated above.

Signature

Date

Print Name and Relationship to Patient

INSURANCE AND SELF-PAY BILLING POLICY

You are required to provide proof of insurance coverage (insurance card) at the time of each visit, including telehealth visits. If the insurance information you provide is expired, invalid, or incorrect, you will be responsible for payment for any services rendered in full, which will be charged to your credit card on file.

If I am a participating provider ("in-network") with your insurance carrier, we will submit your claim to insurance directly. According to your insurance plan, you are responsible for any and all copays, deductibles, coinsurance, and non-covered services. These amounts are determined by your insurance carrier's medical benefits, not by our office. It is your responsibility to understand your medical insurance benefit plan.

Not all insurance plans cover acupuncture. Coverage and benefits questions or disputes should be addressed to your insurance company, not to Akiko Maruyama LAc, payment for our healthcare services must be made at the time of service.

All cash patients (who does not use insurance) paying in full at the time of service will receive a discount on visit fees. This discount does not extend to non-visit fees and supplements.

I agree to the above insurance and self-pay policies.

Signature

Date

Relationship to Patient

Cancellation/Rescheduling/Missed Appointments Form

When our office books your appointment, we are setting aside a dedicated time slot just for you. We only ask that if you must reschedule your appointment, that you please provide us with at least 48 business hours notice. This courtesy makes it possible to give your reserved time slot to another patient who would be more than happy to accept.

- **There's a half of the reserved service amount for less than 48 hours notice of cancellation/reschedule.**
- **There is a full reserved service amount for less than 24 hours' notice of cancellation/reschedule or NOT showing up for scheduled appointments.**

**Repeated cancellations or missed appointments will result in loss of future appointment privileges.*

Every patient in our practice receives this unique reservation. When your appointment is made, a time is reserved, we spend time to prep to be ready for your visit, or/and your materials might be ordered, Except for emergency treatment for another patient, you can expect us to be prompt. We, of course, would appreciate the same courtesy from you.

Credit card appointment reservation form

Please take notice. The card that is provided below will be charged on the day of your scheduled appointment only if your appointment is NOT canceled on time except for your proof of the emergency or urgent reasons that needs to be canceled.

_____ Credit Card #		_____ Card Type
_____ Expiration Date	_____ CC Security Code (3 digits)	_____ Amex Sec Code (4 digits)
_____ Patient Name		
_____ Patient Signature		_____ Date

We do NOT accept HSA or FSA cards as your card on file, as they cannot be billed for late cancellation fees