FINANCIAL AGREEMENT HEALTH INSURANCE

We would like to take a moment to welcome you to our office and assure you that you will receive the very best of 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 cover acupuncture 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 help verify your insurance coverage. And bill your insurance in a timely manner.
If your insurance plan does not cover your visit(s), the patient will be responsible for payment.

Assignment of Benefits

Attached is an "Assignment of Benefits" form which we would like you to sign. This form directs your insurance company to send payments directly to this office. If your insurance carrier sends payment 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 assignment need not be signed and the payments will be sent directly to you from the insurance.

Release of Information

If your 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 service 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.

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

I have read and agree to the above.

Patient Name

Patient's Signature

Date

Assignment of Benefits

To : Insurance company : _____

Address : _____

_____

Telephone Number : _____

You are instructed to pay directly to the below named healthcare provider for all professional services rendered to me by his office.

This instruction is an assignment of my rights under medical coverage to extent of this bill.
Any sum of money paid under this assignment shall be credited to my account and I shall be personally liable for any unpaid balance to the below named healthcare provider. Also, I am personally liable for any unpaid account for hospital, diagnostic and consultation services.

Pay to Doctor :

Acupuncture & Wellness LLC (Seok Park, L.Ac.)

5550 Sterrett Pl Ste 303, Columbia, MD 21044

Tax ID. : 90-0706124 Maryland License # : U01592

Patient's Name (print) : _____

Insured's Name (print) : _____

Insured's ID # : _____

Claim or Policy # : _____

Group or Employer # : _____

Patient's Signature : _____

Today's Date : _____

DR. PARK
ACUPUNCTURE

PATIENT INSURANCE VERIFICATION

Dr. Park Acupuncture
5550 Sterrett Pl Ste 303, Columbia, MD 21044
(410) 997-0390 / FAX: (410) 885-4744

Please verify your insurance benefits with your insurance company before scheduling your appointment. This form must be completed for all secondary insurances as well.

Medical Insurance: _____
Member ID: _____
Group Number: _____

Patient's name: _____
Date of birth: _____
Phone number: _____
Relationship to Cardholder:

- ☐ Self
- ☐ Spouse
- ☐ Child
- ☐ Other _____

Primary Cardholder's name: _____
Date of birth: _____
Phone number: _____

How did you hear about us? _____
What is your chief complaint? _____

DR. PARK
ACUPUNCTURE

Date and Time called: _____
Representative's name: _____

Do I have acupuncture benefits? ☐ Yes ☐ No
If yes, continue.
If no, stop. Your insurance does not cover acupuncture.

What is the effective date for the plan? _____
Is the plan per calendar year or plan year? ☐ Calendar Year / ☐ Plan Year

If plan year, what is the start date? _____

Is "Dr. Park Acupuncture" or "Acupuncture and Wellness LLC" in Columbia, MD in-network or out-of-network with my plan?

☐ In-Network
☐ Out-of-Network

Insurance Benefits

* Please read the following to the customer service representative and write down the answers.

I have questions regarding my **acupuncture benefits**.

Do I have a **co-pay** or a **co-insurance**?
☐ Co-pay for Acupuncture: $_____
☐ Co-insurance Acupuncture:
Insurance Covers _____% Patient Responsibility _____%

Do you cover **specialist office visits**? ☐ Yes ☐ No

If yes, what is the co-pay or a co-insurance for a specialist office visit?
☐ Co-pay for a specialist office visit: $_____
☐ Co-insurance for a specialist office visit:
Insurance Covers _____% Patient Responsibility _____%

Is there a **deductible**? ☐ Yes ☐ No
If yes, how much is it? Individual $_____ Family $_____
How much has been met so far? Individual $_____ Family $_____

What is my **annual out-of-pocket maximum** amount?

DR. PARK
ACUPUNCTURE

Individual $_____ Family $_____
How much has been met so far? Individual $_____ Family $_____

Is a **referral** required? ☐ Yes ☐ No

Is a **pre-authorization** required? ☐ Yes ☐ No
If yes, when is it required?
☐ After 1st visit ☐ Other (please specify) _____
(CPT codes that will be used: 99203, 99213, 97813, 97814, 97811, 97810 – Representative may ask for this.)

Is there is a **visit limit**? ☐ Yes ☐ No
If yes, **how many visits**? _____ visits per ☐ Calendar Year / ☐ Plan Year
Are these visits shared with Physical Therapy? ☐ Yes ☐ No
Are there visits already used? ☐ Yes ☐ No
If yes, how many visits have been used? _____

Are there any **condition limitations**? ☐ Yes ☐ No
If yes, what is it? _____

Can the treatment be performed by a licensed acupuncturist? ☐ Yes ☐ No

Is there a **maximum dollar limit*** my insurance will cover per year?
☐ Yes ☐ No
If yes, how much? $_____

*Some insurance plans may have an annual dollar limit for acupuncture. Example: If there is a maximum dollar limit of $1,000, the insurance will cover up to $1,000 of acupuncture each year.

What is the **reference number for this call**? _____