

Unbroken Flow Acupuncture, LLC

Kendra A. Ward, L.Ac. MAOM

2920 SW Dolph Ct. Ste 2, Portland OR 97219

(503) 244-1494

OFFICE POLICIES & FINANCIAL AGREEMENT

Office hours & Appointments:

- 1) The office is open Monday through Friday, by appointment only.
- 2) Please call 24 hours in advance to cancel or change an appointment or you will be charged a \$50 fee. Insurance will not cover missed appointments, therefore patients who are billing their insurance are also required to give 24 hours notice or pay the cash cost for missed treatments.

Payment Policies:

- 1) Please pay for all visits in full each time you come in.
- 2) We encourage you to pre-pay for a series of visits as a way of showing your commitment to your health. Pay for 10 visits and receive a 10% discount (does not apply for patients with discounted rates).
- 3) Cash rates are as follows: initial visit is \$120, follow-up visits are \$80.
- 4) Unless a specific payment plan has been agreed upon and put into writing, we reserve the right to charge interest on unpaid cash or insurance visits. After 4 months, 3% compounded interest will accrue, after 6 months, 5% compounded interest will accrue, after 1 year, 8% compounded interest will accrue.

Insurance:

- 1) If your insurance policy is qualified and proven to cover our care, we will agree to bill your insurance company directly. This is with the understanding that your insurance policy is a contract between you and your insurance company- we cannot guarantee payment of your claims. If your insurance company pays only a portion of your bill or rejects your claim, you are still financially responsible for the remainder of the claim.

Automobile Accident or Personal Injury:

It is our office policy that your payment of fees, with the exception of reports, will be deferred until the case is settled, provided the following conditions are satisfied:

- 1) That a "Practitioner's Lien Form" is signed by you and your attorney. This allows the acupuncturist's fees to be paid from the final settlement.
- 2) That the "Irrevocable Assignment and Consent to Disbursement Form" is signed by you. This form states that you are financially responsible to pay the fees incurred if they are not paid in full from the final settlement.
- 3) That the merits of your case are established by your attorney and communicated to the acupuncturist.

The best care can only be provided on the basis of mutual understanding. We, therefore, encourage you to discuss any financial problems or questions that you have at this time. Thank you.

I, _____, understand and agree with this policy.

Patient's Signature _____ Date _____