



Olson Acupuncture Group
Patient Insurance and Billing Policies

As a courtesy we will submit insurance claims on your behalf. We do not process secondary insurance, but upon request, an invoice may be printed for you to submit on your own.

By signing this form, you are authorizing the release of any medical information necessary for **Olson Acupuncture Group** to process claims and receive payment for services.

It is your responsibility to know the benefits of your insurance policy and inform this clinic of any changes to your insurance. As Medicare does not cover acupuncture, it is imperative that we know when you switch from your current policy to Medicare insurance.

Payment of services is due at the time of your session. You understand that you will be responsible for any deductible that has not been met, co-pay or co-insurance amounts, or other charges, which may include full payment as a result of denied services.

In order to serve all our patients to the best of our ability, we need to manage our schedule carefully. If you are unable to keep your scheduled appointment, we request that you cancel a **minimum of 24 hours** in advance. For less than a **24-hour notice**, every attempt to fill the opening will be made, but if we are unable to do so, the full session rate will be charged. No-show appointments will be charged at the full rate.

Patient / Guardian Signature _____ Date _____

OFFICE PERSONNEL TO COMPLETE

Patient _____	Date of Birth _____
Subscriber _____	Date of Birth _____
Ins Co _____ ID# _____	Group _____
Deductible _____	Met _____ Copay/Co ins _____
Out of Pocket _____	Visit Limitation _____ Prior Authorization _____