

**WASHINGTON STATE ACUPUNCTURE & CHINESE MEDICINE CENTER**  
**663 S. King St, Seattle WA 98104    Tel (206) 292-9646    Fax (206) 292-9650**

**Clinic & Payment Policy**

Please read the following information carefully. If you have any questions, please ask for clarification.

**Deductibles, Co-payments and Co-insurances:** All deductibles, co-payments and co-insurances are to be paid at time of service. This arrangement is part of your contract with your insurance company.

**Claim Filing:** We file your claim with your insurance company in accordance with all federal, state and other contractual requirements where we have an agreement or we are a participating provider. Please keep in mind that full payment remains your responsibility. We do not dispute over insurance benefits. We expect payment in full from you if your insurance company fails to pay within 60 days. If your insurance company sends payment directly to you, please redirect the payment to our office.

**Preauthorization:** Failure to obtain preauthorization may result in your insurance company refusing to pay your claim. Any refusal of payment by insurance for this reason is your responsibility.

**Non-covered Services:** Please be aware that some, and perhaps all, of the services you receive may be non-covered, or not considered reasonable and medical necessary by your insurance company. You must pay for these services, in full, at the time they are rendered.

**Appointments:** Office visits are by appointments. Please call our office number to schedule an appointment. The receptionist will ask about the reason and your insurance information. This helps schedule the practitioner's time more efficiently. Any drop-in requests are served based on schedule availability, and we reserve the right to deny service.

Please arrive **ON TIME** for your appointment, or 15 minutes earlier for new patient. Patients who are late for any appointment may be asked to reschedule at the practitioner's discretion. Massage patients can either reschedule, or massage appointment be cut short.

**Cancellations/Missed (Non-cancelled):** We understand that occasional missed appointments can occur for a wide variety of reasons. If you are unable to attend an appointment, we ask that you cancel at least 24 hours in advance, or as soon as possible. We reserve the right to charge \$50.00 for appointments without 24 hours cancellation notice, or no-show appointments.

**Late Appointments Policy:** If you arriving 15 minutes or more after your appointment time, you may be asked to reschedule unless the practitioner's schedule can still accommodate you. Priority will be given to on-time patients, and you may have to be worked in between them. This mean you may have a considerable wait. If this is inconvenient for you, you may choose to reschedule. **For massage patient, your service may be shortened in order to keep on schedule. The original treatment time will be charged.**

**No Insurance:** If you have no insurance, please check with our office for pricing. All payments are required at the time of service.

**Financial Hardship:** We do offer a limited reduced fee for those who are low-income, or are on Disability or Medicaid. Please ask about these reduced fees.

**Returned Checks:** Checks that are returned for non-sufficient funds will incur a fee of \$35.00.