

Annapolis Family Acupuncture

Cancellation Policy

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the practice's day that could have been filled by another patient. As such, we require 24 hours notice for any cancellations or changes to your appointment. Patients who provide less than 24 hours notice, or miss their appointment, will be charged a cancellation fee of \$40.

_____ (please initial) I am aware of the Cancellation Policy and agree to pay the \$40 charge for late cancellations; I understand that my credit card on file may be charged.

Acknowledgement of Receipt of Notice of Privacy Practices

The privacy of your protected health information is important to us. We have provided you with a copy of our Notice of Privacy Practices (it is available on our website, and a copy will be available for you to view at your first appointment). It describes how your health information will be handled in various situations. We ask that you sign this form to acknowledge you received a copy of our Notice of Privacy Practices. This includes the situation where your first date of service occurred electronically.

If your first date of service with us was due to an emergency, we will try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

_____ (please initial) I have received Privacy Practices of Annapolis Family Acupuncture.

Office Policies and Insurance Release

Welcome to Annapolis Family Acupuncture. We want you to be comfortable and to receive the best care possible. Please do not hesitate to ask any questions you might have regarding your visit, your billing, or our policies.

The fees charged in this office are comparable to those charged by other healthcare providers in this area with similar qualifications. Please ask to see our fee schedule. We accept cash, credit cards, and personal checks. Please note there is a \$25.00 charge for checks returned due to insufficient funds. Many insurance policies cover acupuncture, but we do not claim that yours does. Policies can differ greatly in terms of deductible and percentage of coverage for acupuncture. We can verify coverage and submit your claim form for reimbursement, provided you sign financial agreement below.

Your insurance company may require medical reports to document our treatment and progress. Your initials below authorize the release of medical information necessary to process your claim.

_____ (please initial) I am receiving or about to receive health care services in this office. I understand that I am responsible to pay all non-insurance related fees when services are rendered, including herbs, etc. If I choose to use my insurance I understand I will be responsible for all "non covered" services and /or coinsurance/co-pays associated with my office visit. In addition I authorize insurance payment of medical benefits to Dr. Molly Harbour Hutto/Annapolis Family Acupuncture.

Print Name: _____

Sign/Date: _____