



The Acupuncture Works, Linda Robinson-Hidas LicAc
479 West Street #4 | Amherst MA 01002 | 413-253-2900

My mission is to provide accessible, high quality, and comprehensive health care. I try to limit the cost of health care by adhering to the following financial policy.

Financial Policy

Payment

Full payment is expected at the time of service. Cash, check, card, and medical savings accounts are accepted. Insurance and, if necessary, other arrangements can be made in advance of your appointment

Insurance

Your insurance policy is an agreement between yourself and your insurance carrier. With your permission, we will gladly bill for all services, but in the event of denial of coverage, application of charges to your deductible, or partial payment, you are responsible for all charges.

Returned Checks

Checks returned for insufficient funds will be assessed a \$10 re-processing fee in addition to the repayment of the original amount of the check and any applicable bank fees.

Missed Appointments

The appointment time has been reserved for you, I do not double or triple book, as is common in some practices, and if you do not give me notice I am not able to fill the appointment time. Please give one (1) full business day notice for all cancellations. *This means notice by Friday for Sunday and Monday appointments* Cancellations with less notice will be charged a \$25 Late Cancel Fee. You may be asked to find another practitioner following three (3) missed appointments. Valid emergencies and unsafe driving conditions are an exception.

Unpaid Balances

Unpaid balances after ninety (90) days following no payment, partial payment, or denial of coverage by insurance companies will accrue interest at 1.5% per month (18% per year).

I have read the above stated financial policy. I understand and agree to adhere to it.

Signature of Patient
(or guardian)

Date