

FEES, INSURANCE, AND PAYMENT AGREEMENT
Holistic Alternatives Acupuncture
(310) 570-9723

The fees charged in this office are comparable to those charged by other specialists with similar qualification in this geographic area.

These fees for office services are payable at the time of visit, except in cases enumerated below. For your convenience, we accept cash, checks, Visa, MasterCard, and American Express with driver's license verification.

If you carry health insurance covering any of the services we offer, it is your responsibility to provide us with the proper insurance identification card showing proof of coverage on your first visit and to provide us with a copy of your card if your coverage changes during the course of your treatment in this office.

If you have private health insurance coverage, please be sure that your portion of the insurance form is carefully completed and signed. Our office staff will gladly verify your benefits for you prior to your initial visit. You are responsible for all deductibles, co-insurances, and co-payments at the time services are rendered.

Should there be a balance due on your account, we reserve the right to make the financial charge at an interest rate of 5% per month for every month that your account remains overdue past 30 days.

24 HOURS NOTICE IS REQUIRED IF YOU CANNOT MAKE YOUR APPOINTMENT. IF 24 HOURS NOTICE IS NOT GIVEN, YOU WILL BE RESPONSIBLE FOR THE FULL PAYMENT OF THE MISSED APPOINTMENT.

ANY CHARGEBACKS ON YOUR ACCOUNT DUE TO INSUFFICIENT FUNDS EITHER BY CHECK OR CREDIT CARD WILL RESULT IN A \$40 PROCESSING FEE.

| Description | Code | Fee | Description | Code | Fee |
|--|-------|-------|--|-------|-------|
| Office Visit - Initial / Initial Eval, History, Exam | 99201 | \$80 | Infrared Therapy | 97026 | \$25 |
| Office Visit - Initial / Brief | 99202 | \$100 | Vaso-Pneumatic Devices (Cupping) | 97016 | \$25 |
| Office Visit - Initial / Limited | 99203 | \$120 | Manual Therapy - MFR (15 min) | 97140 | \$40 |
| Office Visit - Initial / Moderate | 99204 | \$150 | | | |
| Office Visit - Initial / High Complexity | 99205 | \$190 | Acupuncture (First 15 min) | 97810 | \$60 |
| Office Visit - Established / Brief | 99211 | \$40 | Acupuncture (Add. 15 min) | 97811 | \$40 |
| Office Visit - Established / Limited | 99212 | \$60 | Electro-Acupuncture (First 15 min) | 97813 | \$70 |
| Office Visit - Established / Moderate | 99213 | \$80 | Electro-Acupuncture (Add. 15 min) | 97814 | \$50 |
| Office Visit - Established / Comprehensive | 99214 | \$100 | | | |
| Office Visit - Established / High Complexity | 99215 | \$130 | After Hours Services | 99050 | \$65 |
| | | | Home Care | 99015 | \$125 |
| | | | | | |
| Cosmetic Acupuncture | | \$150 | Herbal Consultation - no acupuncture | | \$75 |
| | | | AcuGraph Consultation - no acupuncture | | \$50 |
| | | | | | |

If you agree to the above terms please sign at the space provided below.

Date: _____

Patient Signature: _____