

North Florida Acupuncture, LLC

FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment. **Full payment is due at time of service unless otherwise negotiated with an insurance provider. We accept cash, check, and credit cards.**

Insurance

Your insurance policy is a contract between you and your insurance company. We are not party to that contract. Any balance due on your treatments is your responsibility whether your insurance company pays or not. You will be charged for each visit until verification of your insurance coverage is obtained. Our fees are determined by the complexity of each particular case and the different services utilized during the treatment process. We bill for what we do and the time we spend.

In signing this document, you are assigning to this office (North Florida Acupuncture LLC & Jerrod Fletcher, AP) the benefits to which you are eligible to receive for care rendered in this office. Additionally in signing this document you authorize the release of any information to any insurance company, adjuster, or attorney that will assist in payment of a claim.

In the event we do not accept assignment of benefits, we require that you provide a credit card number with authorization to bill that account for any balance your insurance company does not pay. If your insurance company has not paid your account in full within 45 days, the balance of your account will be automatically transferred to your credit card. We cannot bill your insurance company unless you bring in all insurance information with you to your appointment.

Usual and Customary Rates (UCR)

Our practice is committed to providing the best treatment possible for our patients. We charge what is usual and customary for our area and expertise based on estimates involving Relative Value Units (RVU's), Cost Factor, and Cost Factor Multipliers. Please be aware that some, at times perhaps all, of the services provided may be "non-covered" services and not considered reasonable and necessary under the Medicare program and/or by other medical insurance providers. Medicare currently does not reimburse for acupuncture. **You are responsible for payment in full regardless of any insurance company's arbitrary determination of usual and customary rates.**

Financial Hardships

A hardship waiver is required to legally provide discounted treatments. These hardships granted on a case by case basis, are income contingent, and must be properly documented.

Missed Appointments

Please give 24 hours notice for canceled appointments. Cancellations with less than 24 hours notice are considered missed appointments. **We usually do not charge a fee for the first missed appointment, however, subsequent missed appointments will be charged a \$35.00 cancellation fee.** If missed appointments become excessive and problematic, we reserve the right to discharge the patient from our services.

Returned Checks & Unpaid Balances

There will be a \$35 returned check fee for all insufficient fund checks. Payment for the treatment cost and the \$35 returned check fee charge must be paid in cash or with a credit card within 10 days. Unpaid balances 90 days past due are considered delinquent and may be turned over to collections.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy. A photocopy of this form shall be considered as effective as the original.

Signature of Patient or Responsible Party

Date

In affect as of February 8, 2016

North Florida Acupuncture, LLC

FEE SCHEDULE

Our fees are based on fair market value of the services we provide within our region. These fees are a monetary value we attribute to the health care procedural codes we use based on the American Medical Association Current Procedural Terminology, more commonly known as CPT codes.

Acupuncture is considered therapeutic intervention that is billed in single or multiple “units” of 15 minute increments. Proper coding of treatments and related billing must reflect the “timed services” provided, which is why our fee schedule is not set up in a “flat fee” format. Examples will be provided in regards to general cost calculation, but each individual procedural code is itemized below and is applicable for both insured & non-insured patient fees.

Medical Fees & Codes

Evaluation & Management

<i>Evaluation & Management</i>	<i>Description</i>	<i>Usual & Customary Fee</i>
99201-25	New Patient Evaluation- Limited (1-5 Bullets, 10 minutes)	\$30.00
99202-25	New Patient Evaluation- Expanded (6 Bullets, 20 minutes)	\$40.00
99203-25	New Patient Evaluation- Detailed (2 Bullets/6 Systems, 12B/2S, 30 minutes)	\$55.00
99211-25	Established Patient Evaluation- Minimal (Self limited condition, 5 minutes)	\$15.00
99212-25	Established Patient Evaluation- Limited (1-5 Bullets, 10 minutes)	\$20.00
99213-25	Established Patient Evaluation- Expanded (6 Bullets, 15 minutes)	\$30.00
99243	Consultation & Evaluation Only- Detailed (1 hour)	\$60.00
99242	Consultation & Evaluation Only- Expanded (30 minutes)	\$30.00

Treatment Procedures

<i>CPT Billing Code</i>	<i>Description</i>	<i>Usual & Customary Fee</i>
97810	Acupuncture Initial 15 minutes (8-22 minutes) (1 unit)	\$27.00
97811	Acupuncture Additional 15 minutes (23 minutes & after) (1-3 units)	\$21.50 ea.
97813	Acupuncture w/Electrical Stimulation Initial 15 minutes (1 unit)	\$27.00
97814	Acupuncture w/Electrical Stimulation Additional 15 minutes (1-3 units)	\$21.50 ea.
97140-59	Manual Therapy, Manipulation, & Mobilization (1-3 units)	\$20.00 ea.
97110	Therapeutic Exercises-Strength, Endurance, ROM, Flexibility(1-3 units)	\$20.00 ea.
97039	Unlisted Modalities (Moxibustion, Stationary Cupping) (1 unit-15min)	\$20.00 ea.
97026-59	Infrared Therapy (Heat) (1 unit-15 min)	\$1.50 ea.
ANRM01	Magnet Therapy (Initial 15 minutes w/palpation assessment) (1 unit)	\$30.00
ANRM02	Magnet Therapy (Additional 15 minutes w/ palpation) (1-4 units)	\$20.00 ea.
ANRE01	Electronic Ear Assessment (1 unit)	\$3.00 ea.
ANR9150	Herbal & Nutritional Supplements (Variable)	\$1-100 ea.

**Note: NR codes indicate “Not Reimbursable” by insurance. Some codes may also not be covered or reimbursed under you insurance plan. Patient would be responsible for services performed non-covered by insurance.*

Reduced Time & Complexity Lower Cost Treatments Option (Both Intake & Treatment Cost Bundled Together Below):

If you are unable to afford our ongoing fees for standard acupuncture services, here are a few options of reduced cost treatments that we can provide for payment at the time of service patients.

1. 99202-25, 97810, & ANRE01 (1 unit each) Expanded Visit plus Ear Assessment & Treatment \$70.00
2. 97810 & ANRE01 (1 unit) Ear Assessment & Treatment Follow Up Visit \$30.00
3. 99202-25 & ANRM01 (1 unit each) Expanded Initial Visit w/ Korean Hand Assessment & Treatment \$70.00
4. ANRM01 & 02 (1 unit each) Korean Hand Magnet Therapy Palpation & Treatment Follow Up Visit \$50.00

I have read and understand the information contained herein.

Signature of Patient or Responsible Party

Date

In effect as of February 8, 2016

Fee Summary:

Acupuncture is administered in “timed” increments and coded & recorded as such for medical records & billing purposes. State and federal regulations mandate records are kept in this manner. The cost of each visit is determined by the complexity and time taken for the case, applying the proper modalities in one to one contact with the patient. We do our best to keep our office visits predictable, properly reflecting time and cost associated with the understanding that visit costs must be flexible to accurately reflect the complexity of assessment & treatment administered. Below are a few examples of our “average” costs.

Example #1 Description	Units	Fee	Total
<i>Average Initial Visit (Detailed Complexity) Assessment & Basic Treatment:</i>			
1. New Patient Detailed Evaluation (99203-25)	1	\$60.00 ea.	\$55.00
2. Acupuncture Initial 15 minutes (97810)	1	\$27.00 ea.	\$27.00
3. Acupuncture Additional 15 minutes (97811)	2	\$21.50 ea.	\$43.00
<i>Total Treatment Cost:</i>			<i>\$125.00</i>

Example #2 Description	Units	Fee	Total
<i>Average Initial Visit (Expanded Complexity) Assessment & Basic Treatment:</i>			
1. New Patient Expanded Evaluation (99202-25)	1	\$40.00 ea.	\$40.00
2. Acupuncture Initial 15 minutes (97810)	1	\$27.00 ea.	\$27.00
3. Acupuncture Additional 15 minutes (97811)	2	\$21.50 ea.	\$43.00
<i>Total Treatment Cost:</i>			<i>\$110.00</i>

Example #3 Description	Units	Fee	Total
<i>Average Periodic Reexamination (Expanded Complexity) & Basic Treatment:</i>			
1. New Patient Expanded Evaluation (99213-25)	1	\$30.00 ea.	\$30.00
2. Acupuncture Initial 15 minutes (97810)	1	\$27.00 ea.	\$27.00
3. Acupuncture Additional 15 minutes (97811)	2	\$21.50 ea.	\$43.00
<i>Total Treatment Cost:</i>			<i>\$100.00</i>

Example #4 Description	Units	Fee	Total
<i>Average Periodic Reexamination (Limited Complexity) & Basic Treatment:</i>			
1. New Patient Expanded Evaluation (99212-25)	1	\$40.00 ea.	\$20.00
2. Acupuncture Initial 15 minutes (97810)	1	\$27.00 ea.	\$27.00
3. Acupuncture Additional 15 minutes (97811)	2	\$21.50 ea.	\$43.00
<i>Total Treatment Cost:</i>			<i>90.00</i>

Example #5 Description	Units	Fee	Total
<i>Average Follow-Up Ongoing Visit- Extended Treatment (No Additional Evaluation & Management Code):</i>			
1. Acupuncture Initial 15 minutes (97810)	1	\$27.00 ea.	\$27.00
2. Acupuncture Additional 15 minutes (97811)	3	\$21.50 ea.	\$64.50
<i>Total Treatment Cost:</i>			<i>\$91.50</i>

Example #6 Description	Units	Fee	Total
<i>Average Follow-Up Ongoing Visit- Basic Treatment (No Additional Evaluation & Management Code):</i>			
1. Acupuncture Initial 15 minutes (97810)	1	\$27.00 ea.	\$27.00
2. Acupuncture Additional 15 minutes (97811)	2	\$21.50 ea.	\$43.00
<i>Total Treatment Cost:</i>			<i>\$70.00</i>

Final Summary: Typical average treatment cost for initial visit is \$110 to \$125. Follow-up visits range from \$70 to \$91.50. Periodic reassessments (every 4-6 visits) range from \$90-\$100. We do our best to maximize therapy and minimize cost when possible. If you have any questions regarding fees, please contact our office at 352-281-8989 or nflacupuncture@gmail.com