

# 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 September 8, 2018. Subject to change without notice.*

# 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 &amp; Management</i>	<i>Description</i>	<i>Usual &amp; Customary Fee</i>
99201-25	New Patient Evaluation- Limited (1-5 Bullets, 10 minutes)	\$40.00
99202-25	New Patient Evaluation- Expanded (6 Bullets, 20 minutes)	\$50.00
99203-25	New Patient Evaluation- Detailed (2 Bullets/6 Systems, 12B/2S, 30 minutes)	\$60.00
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 &amp; Customary Fee</i>
97810	Acupuncture Initial 15 minutes (8-22 minutes) (1 unit)	\$27.00
97811	Acupuncture Additional 15 minutes (23 minutes plus) (1-3 units)	\$23.00 ea.
97813	Acupuncture w/Electrical Stimulation Initial 15 minutes (1 unit)	\$27.00
97814	Acupuncture w/Electrical Stimulation Additional 15 minutes (1-3 units)	\$23.00 ea.
97140	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) (1 unit)	\$23.00
97026	Infrared Therapy (Heat) (1-3 units)	\$3.00 ea.
<b>NRM01</b>	Magnet Therapy (Initial 15 minutes w/palpation assessment) (1 unit)	\$27.00
<b>NRM02</b>	Magnet Therapy (Additional 15 minutes) (1-3 units)	\$23.00 ea.
<b>MK01</b>	Magnet Kit (Includes 16 magnets & tape) (1 kit)	\$10.00 ea.
<b>NRES01</b>	Electronic Ear Scan Evaluation (for sees or acupuncture) (1 unit)	\$3.00 ea.
<b>NREA01</b>	Application of Ear Seeds/Magnets (stand alone treatment) (1 application)	\$27.00 ea.
<b>A9150</b>	Herbal & Nutritional Supplements ( <b>NR</b> ) (Variable)	\$5-100 ea.

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

Average Approximate Cost for Visits: (cost varies depending on time, complexity, and treatment modalities used at each visit)

1. New Patient Visit 2 Hour Intake & Treatment Cost Range: \$100-130 (average is generally around \$110+)
2. Follow Up Patient Visit 1.5 hour Intake & Treatment Cost Range: \$70-90 (dependent on procedure codes applied)

I have read and understand the information contained herein.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

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