

Revised 2020 Financial Agreement, Cancellation & Privacy Policy

It is our goal to help you understand your financial responsibilities before treatments begin. *Please read the following agreements carefully, initial each portion and sign at the bottom of the page.* If you are unclear about any of our policies, please do not hesitate to ask us questions.

It is requested that all Payments are made online after receiving an invoice via email. If you need to use another form of payment (e.g. check or cash) please let us know in advance of your visit.

As of 2020 we do not participate as in network providers with insurance companies or provide billing services for acupuncture and/or office visits. We have one fee schedule regardless of the specific variety of services we provide during any given visit. For instance, you may receive any of the following and your fee is the same;

acupuncture, infrared light/heat therapy, cupping, localized massage, electro-stimulation, *gua sha*, nutritional counseling, and other therapies within our scopes of practice.

PLEASE READ & INITIAL EVERY SECTION WHERE INDICATED THEN SIGN BELOW

FINANCIAL AGREEMENT:

New patient 60-90 minute (seniors, adults, children): **\$175**
Follow up visits are 30 to 60 min (adults, children): **\$85**
Follow up visits are 30 to 60 min (seniors, over age 60): **\$75**

Payments are due on the date of service via online payment. You must have a zero balance before a follow up visit can be scheduled.

If you would like a receipt with all of the diagnosis and procedure codes, including our provider IDs and clinic information so that you can submit your visits to your insurance for direct reimbursement from them to you, we are happy to provide that information to you. Please let us know prior to your visit and we will have that available as a printout or email it to you. **You are responsible for all aspects of communication with your insurer and for acquiring the correct information to submit claims and receive reimbursement.** We recommend that you document the date, name of the person you spoke with and the detailed information they gave you.

Initial _____ I understand that payment is due in full on the date of service.

Initial _____ I give Points of Origin, PLLC permission to email me invoices through their accounting program for the purpose of paying online.

Initial _____ I will provide an accurate and up-to-date email address to expedite payments

BALANCES DUE & CREDITS

An accounting service charge of 1.5% will be added to accounts over 30 days past due. Should this account be turned over to collections for any reason, reasonable collection costs may be added to accounts requiring such third party expenses. Unpaid fees over 90 days will be sent to collections or filed in court, unless prior arrangements have been made and past due accounts are kept current. In the event that unpaid fees are sent to collections, the patient agrees to pay all collection fees. In the event that legal action is filed, the patient agrees to pay reasonable attorney fees, filing fees and other costs the court may find to be applicable.

Points of Origin, PLLC
18810 NE 18th Street
Vancouver, WA 98684-0969
(360) 449-4500

Peter Hanfileti, MD
Lisa Hanfileti, LAc

CANCELLATION & NO-SHOW POLICIES

We appreciate a minimum of 48-hours notice for any schedule changes including cancellation by calling our office at 360-449-4500 or emailing us at info@pointsofirign.com. Phones are open 24 hours a day, seven days a week for voicemail messages.

We offer a free automated appointment reminder system that will text you 48-hours or more before your appointment, however, you are responsible for getting to your appointments on time. We do have an active cancellation list and make every effort to fill cancelled appointments.

Initial _____ I give Points of Origin, PLLC permission to use their automated appointment reminder system to text me at the phone number provided on the Patient Registration & Intake form. I may opt-out of the automated text appointment reminders at any time.

NOTICE OF PRIVACY PRACTICES

As health care providers, we keep a record of the health care services we provide to you. Your records are confidential and we will not disclose your record to others unless you specifically direct us to do so, or unless the law authorizes or compels us to do so. If you have any questions or concerns please let us know.

I have read, I understand, and I agree to the above information and this policy statement.

Signature

Printed Name

Date