

Privacy Practice Acknowledgement

I have received the Notice of Privacy Practices and have been provided with an opportunity to review it, (available at the front desk).

Signature

Print Name

Date

Thank you for choosing Amy Lucarelli Acupuncture & Herbal Medicine as your health care provider. I am dedicated and committed in my work with you. My goal will be to assist you in achieving and maintaining optimal health. The following is a statement of my financial policy which I require you to read and understand prior to signing and before treatment will begin.

Individual Patient’s Authorization:

I give authorization to use or disclose my (PHI) Protected Health Information to my doctors, insurance companies, and attorney’s (with a signed written release). I understand that this office will not reveal any of my information to any external organization other than those previously mentioned. This office has assured me that my information will be safeguarded according to strict standards of security and confidentiality. I give permission to be called, emailed, text or written to regarding appointment times or other informative matters.

Fee Schedule

I do not bill directly to insurance companies. At your request, I will furnish you with a ‘Superbill,’ which you can submit to your insurance company for reimbursement. In some cases, reimbursement may be available. I encourage you to contact your insurance carrier directly to discuss your Acupuncture benefit and reimbursement structure. My initial consultation and treatment is \$150. Follow-up treatments are \$80. Payment is expected at the time of treatment. I will accept personal checks (if the check is returned, a \$15 service will be added and payment for future visits will need to be paid prior to the visit.) cash is also accepted. If you have a health flex spending account you will be reimbursed with the paper work I provide you. Just let me know prior to your visit.

Cancellation Agreement

I understand Amy Lucarelli, LicAc., MAOM, holds my appointment solely for me, even when others request my time. Consequently, I realize there is a ‘one-day prior cancellation policy’. If you need to cancel or change your appointment, a 24-hour notice is required or you will be responsible for the full payment of that visit.

Lateness Policy

Life happens, and there are times when we can not be perfectly on time. Your treatment is scheduled to last one hour. If you are unable to make it on time, you must realize that your visit will be limited to your scheduled hour, as to not inconvenience others scheduled after you. I will do my best to accommodate your needs and I request the same in return.

Thank you in advance, for your courtesy in upholding these policies with Amy Lucarelli, LicAc., MAOM.

Signature

Print Name

Date