

Yintang 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 services is considered part of your treatment. The following is a statement of our Financial Policy, which you are required to read and sign prior to any treatment.

Full payment is due at the time of service. We accept all major credit cards, checks and cash.

Regarding Insurance:

We will verify coverage prior to your **second** visit and inform you of whether we will accept the assignment of any benefits from your insurance company. Our fees are based by the complexity of each patient and the different services provided during each visit. In signing this document, you are assigning to this office the benefits to which you are eligible to receive for care provided in this office.

Additionally, in signing this document you authorize the release of any information to any insurance company that will assist in the payment of any insurance claim.

Usual and Customary Rates (UCR)

Our practice charges what is usual and customary for our demographic area. We charge for initial visits \$125.00 which includes consultation and diagnosis and treatment: all subsequent visits will be \$75.00. These rates only apply for payment at the time of services, they **do not apply to insurance claims** to be processed. You will only be responsible to a co-pay which will be established in advance of your second visit.

MISSED APPOINTMENTS:

Unless cancelled at least 24 Hrs. in advance, our policy is to charge for missed appointments at the rate of a normal office visit.

Thank you for your understanding. I have read the Financial Policy. I understand and agree to this Financial Policy.

X_____ Date: _____
Signature of Patient or Responsible Party