



## PATIENT PAYMENT GUIDELINES

Source Healing regards our patient's health as a sacred trust and appreciates the fact you have chosen us to provide for your healthcare needs. We invite you to discuss with us any questions regarding our services. The best health services are based on a friendly, mutual understanding between provider and patient.

We would like to provide you with an overview of some of our policies:

1. **Forms of Payment.** Source Healing accepts payment by cash, check, Visa, or MasterCard. Payment is required at the time services are provided.
2. **Cancellation Policy/Missed appointments.** As a courtesy to our practitioners, please call to cancel at least **24 hours prior** to the time of service. If your appointment is not cancelled within **24 hrs**, you will incur the FULL charge of treatment. This policy also applies to missed or "no show" appointments.
3. **Lateness.** As a courtesy to all of our patients, we strive to begin appointments on time. If you are running late, we will strive to provide the best treatment for you in the remaining time allotted.
4. **Insurance.** Source Healing does not accept insurance but strives to work with you to help you provide the required information to your healthcare provider so that you may obtain reimbursement. Please note that *it is the responsibility of the patient to determine whether his/her insurance company includes acupuncture treatment in his/her medical coverage and to seek reimbursement from the insurance provider.* Upon payment, Source Healing will provide you with a copy of the bill ("super bill") and an itemized receipt to submit to the insurance provider.
5. **Flexible Spending Accounts (FSA).** If you have a corporate FSA that covers acupuncture, we still expect full payment. Like our insurance policy, we will provide an itemized receipt for reimbursement. Please check with your human resources representative for details.

I understand the above information and agree to the guidelines stated in this form. I fully understand that punctuality, payment, and reimbursement are my responsibility.

Patient's  
Signature \_\_\_\_\_ Date \_\_\_\_\_