WASHINGTON STATE ACUPUNCTURE & CHINESE MEDICINE CENTER

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PATIENT FINANCIAL CONTRACT

Fee Schedule:

99201	New Patient Evaluation (10 Minutes)	$40.00
99202	New Patient Evaluation (20 Minutes)	$70.00
99203	New Patient Evaluation (30 Minutes)	$100.00
99211	Established Patient (10 Minutes)	$30.00
99212	Established Patient (20 Minutes)	$50.00
99213	Established Patient (30 Minutes)	$70.00
97810	Acupuncture W/O Stimulation, Per Initial 15 Minutes	$50.00
97811	Acupuncture W/O Stimulation, Additional 15 Minutes	$30.00
97813	Acupuncture W/ Stimulation, Per Initial 15 Minutes	$65.00
97814	Acupuncture W/ Stimulation, Additional 15 Minutes	$40.00
97026	Infra-Red Procedure	$20.00
97139	Moxibustion / Cupping / Chinese Herbal Medicine	$35.00
97124	Herbal Therapy / Tuina Technique (15 Minutes)	$35.00
97140	Acupressure / Chinese Massage (15 Minutes)	$35.00

Payment is due and payable when services are rendered. You can choose one of the following options:

_____ Cash: Payment is due at the end of each visit.

_____ Insurance: If you provide proof of insurance coverage, we may bill your insurance directly. However, any or all balance not paid by your insurance must be paid no later than 30 days from the date of service.

Insurance Information:

Insurance Company: _____

Address: _____

Street City State Zip Code

Policy Number: _____

Claim Number: _____

Adjuster: _____ Phone: _____ Fax: _____

Name of insured, if other than patient: _____

I, _____ (Print Name), agree to be financially responsible for all cost of treatment and care. Whatever fees not paid by my insurance will be paid by myself or my legal guardian.

Signature: _____ Date: _____

Patient or Guardian