

SNOW BLOSSOM ACUPUNCTURE LLC

Financial Agreement for Insurance Patients

Although we are contracted with many insurance carriers, our services may not be covered by your particular insurance plan. Being referred to our clinic by another practitioner does not necessarily guarantee that your insurance will cover our services. **Our verification of your benefits is not a guarantee of payment. As a courtesy, Snow Blossom Acupuncture LLC verifies your benefits with your insurance company. A quote of benefits is not a guarantee of benefits or payment.** If your claim is processed differently from the benefits we were quoted, the insurance company will side with the plan and will not honor the benefit quote we received. Please remember that you are 100% responsible for all charges incurred.

- 1 I acknowledge that Snow Blossom Acupuncture LLC (SBA) strongly recommends that I inquire about my insurance carrier's specific coverage for my specific policy. **Any charges not covered by insurance, including treatment my insurance company deems not medically necessary, will be my financial responsibility.** SBA does precertification of my insurance as a courtesy. SBA is not responsible for tracking insurance benefits. I am responsible for any deductible, co-insurance, or co-payment at the time of service. And I acknowledge that payment is due at time of service. We do NOT accept Workman's Compensation Insurance.
- 2 I hereby give SBA permission to bill my insurance company, and I authorize SBA to accept assignment of benefits paid by my insurance company for services provided.
- 3 It is my responsibility to notify SBA of any changes to my insurance carrier or current plan. **If I do not provide SBA with the correct insurance information at the time of my appointment, I will be financially responsible for the resulting unpaid bills.** In the future, if there are any changes with my name, address, phone numbers, or insurance, I will let the SBA office know ASAP.
- 4 I have received a copy of an SBA superbill that lists commonly used insurance codes and prices that are utilized in SBA's practice of Traditional East Asian medicine.
- 5 I understand that other treatments may be performed in conjunction with Acupuncture needling. These treatments may fall under a separate benefit according to my insurance plan (i.e physical therapy, massage, physical medicine). **There may be additional deductibles, copays, or coinsurances.**

I have read and understand these guidelines.

Printed: _____

Signed: _____ Date: _____

Snow Blossom Acupuncture
 615 E. 82nd Ave, Ste 200 Anch. AK 99518
 info@snowblossomak.com
 Tax ID: 46-2601980

Patient Name: _____
 Primary Insurance: _____

Date of Service: _____

PROCEDURES OR SERVICES

	Evaluation and Management	POS	A	B	C	D	Units	FEE
99202	New Patient Limited	11	25				1	195.00
99203	New Patient 30-44 Minutes	11	25				1	287.00
99204	New Patient 45-59 Minutes	11	25				1	400.00
99211	Established patient 5-10 minutes	11	25				1	95.00
99212	Established Patient-Limited	11	25				1	123.00
99213	Established Patient 20-29 Minutes	11	25				1	200.00
99214	Established Patient 30-40 minutes	11	25				1	290.00
	Acupuncture Treatment	POS	A	B	C	D	Units	FEE
97010	Heat Therapy	11	GP				1	45.00
97026	Infrared Therapy-TDP, moxibustion	11	GP				1	54.00
97110	Therapeutic Exercise- 15 min	11	GP				1	98.00
97140	Manual Therapy- 15 min	11	GP				1	75.00

	Acupuncture Treatment	POS	A	B	C	D	Units	FEE
97810	Acupuncture w/o electrical stim initial 15 min	11					1	96.00
97811	Acupuncture w/o electrical stim additional 15 min	11					1	65.00
97813	Acupuncture w/ electrical stim initial 15 min	11					1	110.00
97814	Acupuncture w/ electrical stim additional 15 min	11					1	82.00
	Medical Massage	POS	A	B	C	D	Units	FEE
97124	Massage Therapy	11	GP				1	49.00
97140	Manual Therapy	11	GP				1	75.00
	Misc Fees	POS	A	B	C	D	Units	FEE
99080	Records Fee						1	50.00
	OTHERS	POS	A	B	C	D	Units	FEE
								0
								0
								0

TOTAL FEE: _____
 PAID: _____
 BALANCE DUE: _____

Provider Name & Signature: - _____