

Patient Care Financial Agreement

Thank you for choosing Voss Medicinal Healing for your health care needs. I am committed to your improved health and wellness by providing appropriate, high quality, comprehensive health care. While my intention is to assist you in your healing and well being, it will be your responsibility to ensure that all services rendered by Voss Medicinal Healing on your behalf are paid in full at time of service. The fees charged in this office are comparable to those charged by other specialists in this geographic area. For your convenience we accept cash, checks, Visa or Mastercard. To better understand our Financial Policies, we have listed our financial requirements below:

1. Patient with or without Insurance: Payment is required at the time the service is rendered. We are an out-of-network provider, therefore you will be expected to pay at time of service. However, we will gladly prepare a courtesy doctor=s statement upon your visit that you must sign and send to your insurance company for reimbursement. Your insurance company will reimburse you directly for any amount that is covered by your plan. Any insurance checks that may be paid to our office in error will be immediately credited to your account promptly or returned to your insurance company to be reissued in your name, as per your instructions.

2. Workers Compensation Claims: Treatment will only be provided with a Workers= Compensation Claim approval, a signed authorization by your employer and the names, addresses and phone numbers of all doctors treating your current medical case. In the event your employer or its insurance carrier denies your claim, you will be held responsible for all charges incurred for services rendered on your behalf. Any quotes given regarding treatment are cash rates - insurance may be billed differently.

3. Auto Injury Claims: Upon approval, treatment will be billed to the MedPay portion of your auto insurance policy. If your insurance carrier denies your claim due to exhausted benefits or for any other reason, you will be held financially responsible for all charges incurred for services rendered on your behalf. Any quotes given regarding treatment are cash rates - insurance may be billed differently.

4. Select Insurance Coverage: United Health, Great West or Motion Picture Insurance; At your request, we can verify your acupuncture and/or herbal coverage for you and bill them directly. Upon approval from one of these carriers, we will not require payment at the time the service is rendered.

5. Cancellation or Missed Appointment Fees: A 24 hour cancellation notice is required in advance to avoid an appointment charge (99049) of \$85.00. A missed appointment (99040) will also be charged \$85.00.

Description	code	fees
New Patient Comprehensive Consultation	99205	\$ 150.00
Home care; acupuncture, herbals, ultrasound or laser	99015	\$ 200.00
Acupuncture & Acupuncture Xtra 15 min	97810 / 97811	\$ 85.00
Electro - stim (unattended)	97014	\$ 35.00
Infrared Therapy	97026	\$ 25.00
Ultrasound	97035	\$ 30.00
Follow up Herbal & Diet Consultation	J3500	\$ 60.00
Telephone Consultation (increments of 15 minutes)	special services	\$ 45.00

Health Insurance Coverage _____ Phone _____

Social Security Number ____ / ____ / _____ Group ID / Policy Number _____

There is a service charge of \$30.00 for every returned check.

Voss Medicinal Healing is in compliance with all **HIPPA** laws and Regulations.

I have read and acknowledged that I understood all of the above Financial agreement information. I understand that I am financially responsible (regardless of insurance coverage) for any and all charges incurred from services provided.

Signature _____ Print _____ Date _____

For our protection, we ask that you complete the following authorization, especially for new patients, home care, Workers Comp claims, Auto Insurance claims or direct billing cases. Please note that **NO** charges will be billed to your account unless we are unable to resolve outstanding balances with you directly. All credit card information is safeguarded and confidential. We appreciate your cooperation.

I hereby authorize **Voss Medicinal Healing** to bill my credit card for amounts unpaid for services rendered.

MasterCard _____ VISA _____

Name as appearing on card _____

Expiration date _____ Security Code _____

Voss Medicinal Healing
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