

Deana S. Rehmel, D.C., L. Ac.
3101 N Green River Rd., Ste850, Evansville, IN 47715
Telephone: (812) 491-7777 Fax: (812) 491-7877

Acupuncture Financial Policy

Thank you for choosing us as your health care provider. We are committed to the success of your treatment. The following is a statement of our Financial Policy, which we require that you read and sign prior to treatment. If at any time you have questions regarding any treatment, fee, or service, please discuss them with us promptly.

INSURANCE

All payments for acupuncture services will be required at time of service **in full**. We do not obtain insurance coverage for acupuncture and do not routinely bill for this service, as most policies do not provide payment. If you do have coverage, please provide the benefit details and the claim will be submitted for you. A receipt will be provided for you to submit to your insurance if you wish to pay the self-pay discount.

MINOR PATIENTS

An adult must accompany the minor at the time of the first visit. The adult accompanying the minor is responsible for payment at time of service.

FAILED APPOINTMENTS

By scheduling, you have agreed to attend all scheduled appointments in a timely manner. We require a **24-Hour** notice for cancellation of acupuncture appointments. Failure to cancel your appointment will result in being assessed a **\$65.00 fee**. This fee is due when billed or at your next appointment which ever comes first.

PATIENT'S STATEMENT

I have read and understand the Financial Policy of Dickinson Chiropractic, P.C. I understand that I am responsible for payment in full of acupuncture services at time of service.

Print Name of Patient

Date

Signature of Patient (or Representative)

