



Acupuncture by Troy Sammons

115 W. 11th Street, Pueblo, CO 81003

(719) 544-3326

(719) 544-3295 Fax

Financial Policies

Non-Insurance

Payment in full is expected at the time of service. If a billing arrangement is made with our office, you will have 30 days to pay any balance indicated on the statement sent to you (around the first of each month). Interest will be charged on all accounts and balances over 60 days old (1% per month on the unpaid balance).

Our office staff can also familiarize you with our Visa/MasterCard monthly Easy-Pay option, or will be happy to make other financial arrangements if long-term care is necessary. **We are sensitive to your financial circumstances within the framework of sound business practices. We are concerned with your health and wellbeing, not financial responsibilities.**

For your convenience, we accept the following forms of payment: Cash, Check, and all major Credit Cards.

- ☉ **Initial diagnostic consultation/evaluation**, approx. 30 minutes \$ 30.00
- ☉ **Full Oriental Medicine Treatment**, approx. 30 minutes \$ 65.00
 - Treatment includes acupuncture and other modalities if needed
- ☉ **AcuInjection® Therapy**
 - Trigger-point Injections** \$ 65.00
 - Nutritional injection or injections w/ acu. treatment** \$ 10.00

AcuInjection® therapy is the use of non-steroidal and non-myotoxic substances which are injected intra-muscularly for the reduction of pain and inflammation in a local area.
Please inquire with the Acupuncturist for a detailed explanation of the substances injected.

Insurance

Insurance acceptance is based on each individual's coverage of acupuncture benefits. (Please understand that verification of benefits and/or pre-authorization of treatment is not necessarily a guarantee of payment; this will be determined by *your insurance carrier* at the time the claim is received.) Coverage varies from carrier to carrier, as does the method that each one uses to calculate its "Usual & Customary" fees. Our fees are based on national averages and may be more or *less* than the *Usual & Customary* definition of your particular carrier.

- **Co-pay and deductible** amounts are due at the time of service.
- It is your responsibility to pay your deductible amount, co-payment, **or any other balance left unpaid by your insurance carrier.** When we receive a response from your insurance company which shows an unpaid balance, we will adjust the amount accordingly, if at all necessary, and notify you as soon as possible of the amount you will owe. You will have 60 days to pay your remaining balance; interest will be charged on all accounts and balances unpaid over 60 days (1% per month on the unpaid balance).
- Patients may also choose to pay for treatment at the time of service and self-bill their insurance company for reimbursement.

It is important to understand that professional care is provided for you and not to your insurance company. Should there be any problem with an insurance claim payment, we suggest that you first direct your questions to your insurance carrier, as they take into account a complaint from the member more than from the medical provider.

Our office will be pleased to help you if we can be of any assistance in resolving a problem.

PATIENT COPY

If you have any questions or concerns about these policies, please speak with our Office Manager