



## 2018 Clinic Policies

Welcome to The Living Point! We thank you for choosing us to provide your acupuncture and herbal health care.

In order to provide our patients with the highest quality health care in a timely and respectful manner, we ask that you adhere to the following policies. Please initial acceptance to each item below:

\_\_\_\_\_ Please let us know if you have any changes since your last appointment. That includes to insurance coverage.

\_\_\_\_\_ Cancellation policy: We require 24 hours notice for cancellation of your appointment. I understand I may be charged \$65 for a missed appointment without 24 hours notice. Frequent cancellations may result in termination of treatment.

\_\_\_\_\_ Late patients will have less time for their appointment(s) and will be charged in full. Patients 20 minutes or more late may have their appointment canceled. These instances are considered late cancellations and are subject to being charged the full fee for service.

\_\_\_\_\_ Financial terms: Upon verification of health plan/insurance coverage and policy limits, we will bill your insurance carrier for you. You (patient or guardian) will be responsible for any applicable deductibles and co-payments. If you are not eligible at the time services are rendered, you are responsible for payment. Co-payments are to be paid at the time services are rendered. If you are without health plan/insurance coverage, payment arrangements should be made prior to your first appointment.

\_\_\_\_\_ Out of pocket expenses: Insurance plans vary and your policy may not cover all treatment modalities that we may prescribe for you for optimal health results. You are not required to pay for or accept any treatment that must be paid for out of pocket. We will discuss each treatment with you individually and why we recommend it and give you the option to opt in or out of the treatment(s). Rates are as follows:

- Cash rate: \$125 for initial consultation and treatment, \$95 per subsequent treatment.
- Cupping/gua sha: Cupping is rarely covered by insurance plans. The cost to add cupping to a treatment is \$20.
- Electrical stimulation: Electric stimulation attached to acupuncture needles, in 15 minute increments is \$15.
- Herbal formulas: Patent herbal formulas are \$25 per bottle. We can supply you with an itemized receipt to provide proof of purchase if you are using a health spending account. We are unable to give refunds or credits on any supplements or herbal products, opened or unopened.

THE LIVING POINT  
Conor Logan L.Ac. Lic. No. AC16258  
Zena Logan L.Ac. Lic. No. AC17122  
323-213-9220



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- Massage/Tui Na: These modalities may not be covered by your insurance plan. 15 minutes of massage or Tui Na treatment is \$25.

\_\_\_\_\_ If a problem arises with collecting payment on an insurance claim, we will re-bill your insurance company. However, if the cost of collections become over and above what is usual and customary, we will contact you to arrange payment.

\_\_\_\_\_ There is a \$35 fee for each returned check.

\_\_\_\_\_ Confidentiality: All information shared between you and your acupuncturist is held confidential under HIPAA compliance laws unless:

1. You authorize release of information with your signature (or that of parent/guardian.)
2. You present a danger to yourself or others, or child or elder abuse is suspected. We are required by law to inform potential victims and legal authorities so that protective measures can be taken.

\_\_\_\_\_ **Expectations of Treatment:**

In our examination of you we will formulate a differential diagnosis that is specific to you. We do not practice one-size-fits-all medicine. You can expect improvement in your health and/or pain with treatment over the course of the treatment period. How much improvement you experience is not only up to us, it's up to you and your level of compliance with our suggestions and strategies for you. Your health is a cooperative arrangement between you and us with you as the primary driver of change in your case. This specifically relates to coming to appointments as prescribed, compliance in taking herbal medications and, particularly, in implementing diet, exercise, and lifestyle practices as we recommend them. If you have questions or concerns about this, we are happy to discuss it with you.

\_\_\_\_\_ As a patient of The Living Point, I acknowledge and agree to the above statements and understand that a part or all of my care may not be a covered benefit of my health plan. I acknowledge and agree to be financially responsible for my treatment.

**FOR INSURANCE PLANS MANAGED BY AMERICAN SPECIALTY HEALTH**

*This includes Medi-Cal, Anthem BC, Kaiser, Cigna and most other HMO health plans.*

\_\_\_\_\_ For plans having 24 annual visits and requiring MNR after 2 visits, visits are limited to 2 per month.

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Patient, Parent, or Guardian signature \_\_\_\_\_

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