

Financial Responsibility Agreement

PLEASE READ THE ENTIRE AGREEMENT

- I understand that Middle Tennessee Acupuncture is not contracted with any insurance companies or other third party payers, and therefore does not bill insurance. If I wish, I can request an itemized bill to submit to my insurance company for possible reimbursement, and Middle Tennessee Acupuncture will provide that for me in a timely manner.
- I understand and agree that I am completely responsible for the payment of my/my dependent's bill.
- I agree to pay all charges at the time of service, or in advance of service.
- I understand that charges for care provided to me will depend on the diagnosis/diagnoses and what must be done to render appropriate, quality health care. If I received a charge estimate over the telephone, it was an attempt to provide me with information I requested; but because I had not been evaluated in-person, that estimate is not a guaranteed amount.
- If there is a balance due on my account, and I have not paid according to the terms above, I may be subject to interest charges of 1.5% per month, as well as late charges and collection agency fees if my account is turned over for collection, or legal fees if legal action is initiated to collect my balance.
- With regards to care of minors: a divorced parent/legal guardian who accompanies a minor and gives permission for care is responsible for payment of the bill even if another parent/legal guardian has been determined by the court settlement to be financially responsible. Furthermore, in the case of divorce, both parents/legal guardians must agree in writing to give consent to treat for their minor child before treatment will be administered. NO exceptions.
- Since the appointment time you have scheduled has been reserved for you, other patients cannot be scheduled at this time. Therefore, a 24-hour cancellation notice must be given to this office to avoid being billed for the full cost of the appointment, which must be paid prior to rescheduling. Dr. Timm reserves the right to deny the ability to reschedule to anyone.

I HAVE READ AND UNDERSTAND THIS ENTIRE AGREEMENT.

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(Signature of responsible party)

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(Date)