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## **INSURANCE BENEFITS / FINANCIAL AGREEMENT**

*The following is only an estimate of benefits based on information given by your insurance company. The final determination of payment is up to the insurance company after reviewing the claim form and your policy. This is **NOT** a guarantee of payment.*

PLEASE CHOOSE ONE OF THE FOLLOWING BY INITIALING ON THE LINE PROVIDED

\_\_\_\_\_ **Option 1. I want to receive these items or services without using my insurance.**

Path To Wellness offers a cash discount price for those patients not using insurance. I understand that Path To Wellness will not bill my insurance and I cannot bill my insurance individually. This agreement will waive any and all contracts and rates through my insurance company.

\_\_\_\_\_ **Option 2. I want to receive these items or services and have this office bill my insurance.**

*Your insurance has a limit to what they will pay. They will only pay for a portion of the care program.*

You have an **annual deductible** of \$ \_\_\_\_\_ and \$ \_\_\_\_\_ **has been met**. Until the deductible is met you are responsible for the **allowable amount** which is \$ \_\_\_\_\_ for the **initial visit**, and \$ \_\_\_\_\_ for **follow-up visits**. Benefits are limited to \_\_\_\_\_ visits, or \$ \_\_\_\_\_ payable per year or condition. You are responsible for your total charges until your deductible has been met. (approximately \_\_\_\_\_ visits) After the deductible has been met your insurance will pay \_\_\_\_\_%. Your financial responsibility is \_\_\_\_\_% per visit. You are financially responsible for \$ \_\_\_\_\_ co-pay for each visit due at the time of service.

IT MAY TAKE UP TO 2 - 4 MONTHS BEFORE WE RECEIVE ACCEPTANCE OR DENIAL OF YOUR TREATMENT FROM YOUR INSURANCE COMPANY. Any balances caused by denials of service are due upon receipt of statement. Because of the variance from one insurance policy to another, we require that the patient be personally responsible for payment of deductible and any unpaid balances. We do require that you pay your co-pays, or your percentage portion at the time of service.

**Failure to call and cancel a scheduled appointment within 24 hours will result in a charge to your account of a normal session fee.** Should your account fall delinquent it may be turned over for legal collections and reported to a credit bureau. In the event your account is turned over for collections you will be charged the cost of collections, including reasonable attorney's fees. **Please note, herbal prescriptions and supplements are not covered by insurance companies.**

**This document is not a guarantee of payment or benefits, only an overview of the benefits. It is up to your insurance company to make the final determination of payment after reviewing the claim form and your policy.**

I fully understand the above:

Patient/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

