Evergreen Medical Acupuncture

Insurance & Financial Responsibility Agreement

Our goal is transparency. Insurance billing can be complex, and we want you to feel informed and supported. Please review the information below so there are no surprises regarding coverage or financial responsibility.

1. Insurance Verification

Insurance policies are often complex and difficult to interpret. Benefit details are not finalized until a formal verification is completed and/or a claim is processed.

• Coverage is determined by your insurance carrier.
• Verification is not a guarantee of payment.
• Final coverage is determined only after a claim is processed.

■ I understand that insurance benefits are determined by my insurance company and are not guaranteed by the clinic.

2. Services Prior to Insurance Verification

If insurance verification has not been completed before your appointment, you may:

• Proceed with services at the self-pay rate and seek reimbursement independently (if eligible), or
• Wait to schedule or continue services until verification is complete.

■ I understand my options if verification is pending.

3. Information Obtained from Insurance Companies

Benefit quotes provided by phone representatives, websites, or automated systems are not legally binding and may differ from final claim determinations.

■ I understand that only a processed claim determines final coverage and reimbursement.

4. Network Participation (Effective January 2026)

Evergreen Medical Acupuncture participates in-network with select insurance plans only. All other plans are considered out-of-network.

Network participation may change at the discretion of your insurance company.

■ I understand that network status may affect my out-of-pocket costs.

5. Accurate Insurance Information

Claims must be submitted using your full legal name and date of birth exactly as listed with your insurance carrier to prevent denials.

■ I agree to provide accurate identifying information for insurance billing purposes.

6. Payment Policy

Payment for any patient responsibility (including copays, deductibles, coinsurance, denied claims, or non-covered services) is due within 30 days of billing.

Accounts unpaid after 30 days may accrue interest in accordance with Colorado state regulations. Returned checks are subject to a $30 processing fee.

Accepted forms of payment:
• Credit or debit card
• HSA/FSA card
• Check

We do not accept cash payments.

■ I understand and agree to the above payment policy.

7. Medicare Part B Disclosure

If Medicare Part B is your primary insurance:

• Claims are billed under our Medical Director, as required by Medicare regulations.
• Medicare typically covers 80% of approved services.
• If you do not have secondary coverage, you are responsible for the remaining 20%.

■ I understand Medicare billing procedures and my potential financial responsibility.

8. Out-of-Network Reimbursement

If your insurance company issues reimbursement checks directly to you for services rendered:

• Those payments represent reimbursement for services already provided.
• The reimbursed amount must be forwarded to Evergreen Medical Acupuncture within 30 days.

If reimbursement is less than the billed amount, you are responsible for the remaining balance.

■ I understand and agree to this reimbursement policy.

Acknowledgment

By signing below, I acknowledge that I have read and understand this Insurance & Financial Responsibility Agreement, and that I am financially responsible for services not covered or paid by my insurance carrier.

Patient Name (Printed): _____

Patient Signature: _____

Date: _____