



**CHRISTIAN HUNT LAc, MAcOM**  
**CHOPSTIX, LLC 4333 Fremont Avenue North Seattle, WA 98103**  
**206.547.1104. chopstixacupuncture.com**

## **\* NOTICE OF OFFICE POLICIES AND PROCEDURES**

### **PRIVACY AND RELEASE OF INFORMATION:**

Services you receive in this office are confidential, except in circumstances listed below:

- ~Threats of harm to self or others
- ~Abuse of a child, animal, adult, or otherwise compromised individual
- ~court ordered release of information
- ~subpoena of treatment records from an attorney. If you wish to not have records released, you must obtain a protective order from the court with in (14) fourteen days of request
- ~If you are applying for health insurance benefits, it may be required to provide information to your health plan. By signing the Acknowledgement of Receipt of Office Policies and Procedures it is understood that you consent to release such information to your health plan.
- ~In some instances, as provided by Washington State Law, information about your healthcare may be exchanged with other healthcare professionals involved in your treatment, in such a case consent will be noted and exchanged among such providers.

**IN CIRCUMSTANCES OTHER THAN LISTED ABOVE, INFORMATION WILL NOT BE RELEASED WITH OUT PRIOR CONSENT/AUTHORIZATION**

## **BILLING/PAYMENTS**

I employ "Ask us" billing services, you may contact Ananda Cuadra, Janice, or Lorrin for any billing questions. I collect cash payments, and copays. The number to reach them is 206.523.0515. If there is any issue what so ever regarding a billing question, charge, or balance please let me know, and I will work with you as well as "ask us" to resolve the questions. I meet with the service every two weeks, and we aim to get patient statements out with in a month of the service provided. Payment charges not covered by your health insurance plan (co payments, and deductible amounts) are due in full at time of service, unless prior arrangements have been made.

### **FEES:**

First office call amount is \$150.00, Fees in subsequent visits are \$130.00-\$115.00 these fees are subject to change; however any changes will be discussed, Fees for other services are by arrangement.

## **INSURANCE BENEFITS AND PATIENT RESPONSIBILITY FOR FEES**

I am a preferred provider with: Premera, Uniform, Aetna, Cigna, Group Health Select, Great West, and United. It is your responsibility to know your benefits. I suggest you contact your health insurance plan and have them describe your benefits to you to prevent any future issue as far as payment due and balances. My administrative staff will assist you in anyway possible (ask us billing services) but you must contact the health insurance company directly for verification. I suggest STRONGLY to take down the DATE, TIME, and NAME of the individual you spoke with. If charges are denied by a health insurance plan they become your responsibility, even if you had understood from such verification that the charges would be covered. Health Insurance companies are notoriously tricky, so anything I can do to assist let me know.

### **UNPAID BILLS:**

It is important to discuss with me any financial challenges you may be experiencing. This will allow for a mutual arrangement that would work for both parties, and allow for a continuance of treatment. If this cannot be agreed upon, seriously delinquent bills will be turned into collections. Information necessary to effect collection will be released to collection agent. Should it be necessary to file suit in this context, you agree to pay reasonable attorneys fees.

## **CANCELLATIONS AND MISSED APPOINTMENTS**

Failure to keep a scheduled appointment will result in a charge for the full fee of the scheduled appointment. Please note that insurance plans DO NOT pay for missed appointments, these charges will be entirely your responsibility. **I REQUIRE 24 HOURS FOR CANCELLATIONS OR RESCHEDULED APPOINTMENTS.** Individual situations occur, which will be considered. A no show fee, is one hundred dollars.

### **EMERGENCY CONTACT:**

You may contact me via my cell phone 206.851.5456 any time. Please be sure to leave a call back number if your number is blocked.

a healthy indulgence

