

Patient Payment Plan

Full payment is due at the end of each appointment. If an appointment is missed without at least 24 hours advance notice of cancellation, then the patient will be charged for half payment. Emergencies and extraordinary circumstances will be taken into account.

Please check which method you will be using for payment

- Cash
- Credit Card
- Debit Card
- Insurance

Required Patient Health Insurance Information

Insurance Company Name _____

Insurance Company Telephone Number _____

Insured Full Name _____

Relationship to Insured Self Spouse

Insured Date of Birth (Month/Date/Year) _____

Policy ID number _____

Group Number _____

All information is strictly confidential. Harmony Acupuncture and Wellness Center requires the above information in order to process each patient's claim with their insurance company for reimbursement for services provided. In the event that the insurance company denies payment of a claim, or does not cover a specific service provided by Harmony Acupuncture and Wellness Center, the patient is responsible for paying out of pocket for services rendered.

I fully understand the payment policy and agree to abide by these terms.

Print Full Name _____

Signed _____ Date _____