

San Jose Functional Medicine

CLINIC FINANCIAL POLICY

We are pleased that you have chosen to work with us at San Jose Functional Medicine on your health concerns. Good health care is a concern to us all. Our interest in your health combined with our knowledge, training and experience assures that you will receive quality care at our clinic.

The fees charged at this office are comparable to those charged by other specialists with similar qualifications in this geographic area. The fees for office services are payable at the time of the visit, except in certain cases where arrangements have been made with our office in advance. All major credit cards are accepted for your convenience. **All patients paying out-of-pocket for services at time of service will receive a percentage discounted from their fees which equates to approximately 20-30% off our standard rates.**

If you have group health insurance covering any service that we offer, it is your responsibility to provide us with your insurance identification card showing proof of coverage on your first visit. You are responsible for any co-payments and deductibles. **Remember, the fee for treatment is an obligation that you have with our clinic.**

If you have group health insurance coverage, you will be expected to assign the payments to the practitioner. We urge that you carefully review your insurance coverage prior to your office visit. Policies are often confusing, misleading, and rarely pay everything. Insurance benefits are a matter between the patient (ie: the insured) and his or her insurance company. **We must emphasize that should there be a dispute between you and your insurance company, and your insurance company refuses to make payments to our clinic, you will become directly responsible for payment of the bill.**

In those cases where your account becomes past due, we reserve the right to make a late charge of one and one half percent (1.5 %) per month of the account balance for every month that an account remains overdue, after 30 days.

For your information, some of our fees are as follows. **Once again, fees (deductible and/or co-payments) for office services are payable at the time of the visit.** A complete fee schedule is available upon request.

New Patient Examination	\$ 100 - 300
Acupuncture/Electroacupuncture	\$ 70

*Herbal products and nutritional supplements are in addition to above fees.
Fees will be discussed with you prior to dispensing.*

CANCELLATION POLICY

PLEASE GIVE AT LEAST 48 HOURS NOTICE OF CANCELLATION, AT WHICH TIME WE CAN EASILY RESCHEDULE YOUR APPOINTMENT. YOU ARE EXPECTED TO PAY FOR THE TIME SET ASIDE FOR YOU IN CASE OF ANY MISSED APPOINTMENT, OR APPOINTMENT CANCELLED LESS THAN 48 HOURS IN ADVANCE.

I agree to the above terms, and hereby authorize SJFM to charge my credit card below for the office visit fee for any missed appointments.

SIGNATURE _____ DATE _____

CREDIT CARD INFO:

CARD # _____ EXP: _____ CVV: _____