

Maximilian Muenke, M.D.
Physician Acupuncturist (License Number: PAK 000079)
Diplomate, American Board of Medical Acupuncture
Medical Acupuncture and Complementary Medicine, L.L.C.

329 Bryn Mawr Avenue, Bala Cynwyd, PA 19004
Tel.: 610-256-4103, Email: maxmuenke@aol.com
www.MedicalAcupunctureandComplementaryMedicine.org

FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to the success of your treatment. Please understand that the payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy that we require that you read and sign prior to any treatment.

All patients must complete our "Patient Information Form" before being seen for medical acupuncture.

FULL PAYMENT IS DUE AT THE TIME OF SERVICE.
WE ACCEPT CASH AND CHECKS.

Regarding Insurance: We do not file for insurance. Unfortunately, some insurance companies feel that acupuncture is not an allowable charge and therefore, this fee will be your responsibility. We are doing everything we can to keep our fees down. However, the increase in insurance correspondence and requests has caused an added burden to our office expense. The fee slip to send to your insurance company includes standard information required when filing your claim. We give you two copies of your fee slip at the end of your visit. One is for you to submit to your insurance company, the other one is for your records. If your insurance company requires additional information we will send to your insurance company a bill prior to sending them the requested information. Please be aware that some, and perhaps all of services provided may be "non-covered" services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance.

Workers Compensation: We will accept Workers Compensation cases only when the insurance carrier has approved us as "treating physicians", and we have a complete address, contact person and claims file number for the insurance carrier.

Missed appointments: Unless cancelled at least 24 hours in advance our policy is to charge for missed appointments - \$40. Please help us serve you better by keeping scheduled appointments

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concern.

I have read the Financial Policy (above). I understand and agree to this Financial Policy.

Signature: Patient or Responsible Party

Date