



## Acupuncture Physicians of Colorado

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### Payment Policy for Acupuncture, Cupping and Osteopathic Manipulative Therapies

(Not applicable for Workers' Compensation Patients)

Due to the growing problems with Insurance companies, we are asking our patients to take a more active role in knowing their health care benefits. Make sure we are in network with your plan. Please make sure you know your copay, coinsurance rate, and deductibles, as well as any other special requirements by your insurance company.

Unfortunately, we *cannot* verify Acupuncture, Cupping and Osteopathic Manipulative Therapies benefits, because benefits **will only be known for sure** when claims are actually processed through your Insurance carrier. We strongly encourage all our patients to know their insurance policies/benefits. In following the above, there will be less confusion later and a better understanding of what services are covered, and what you will be expected to pay.

If Acupuncture, Cupping and Osteopathic Manipulative Therapies are denied insurance benefits, these services will be billed at **provider discounted rates** stated below:

Provider Discounted rate for *Acupuncture* **\$40.00** per visit.

Provider Discounted rate for *Cupping Therapy* **\$15.00** per visit.

Provider Discounted rate for *Osteopathic Manipulative Therapy* **\$50.00** per visit

In addition, you will be responsible for the *office visit copay* as well as any *coinsurance* and *deductibles*. **By signing below you are agreeing to these terms and agree to pay the above provider discounted rates if your insurance carrier denies the above services.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Acupuncture and Osteopathic Manipulative Therapy are considered a specialty practice.* If you need a referral to see a specialist, please contact your primary care physician. *You are responsible to obtain a referral from your primary physician prior to your scheduled appointment.* **By signing below you are agreeing to the terms and agree to pay self-pay rates (stated below) if you do not obtain a referral from your primary care physician.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Insurance companies have a strict and timely filing process. I understand that it is my responsibility to immediately notify Acupuncture Physicians of Colorado of any changes in my Insurance coverage or I will be responsible for my bill.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Self-Pay Rates (if applicable)

Time of Service/Self-pay rates are **\$175.00** for the *initial* visit and **\$120.00** for each *follow-up* visit. These rates include an office visit as well as Acupuncture and/or Cupping Therapy and/or Osteopathic Manipulative Therapy.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*If we have billed your claims, our Billing Department @ 720-291-5201 will assist you with any problems, concerns or questions.*