



**Acupuncture Physicians of Colorado**

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720-381-6100 Fax: 720-381-6133

**Payment Policy for Acupuncture, Cupping and Osteopathic Manipulative Therapy**

*(Not applicable for Workers' Compensation Patients)*

Prior to your initial visit, the office of Acupuncture Physicians of Colorado will contact your insurance company and verify your benefits. These benefits will be reviewed with you prior to your first visit.

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

Unfortunately, we cannot truly verify Acupuncture, Cupping and Osteopathic Manipulative Therapy benefits, because benefits will only be known for sure when claims are actually processed; therefore, we strongly encourage all our patients to review their insurance policies/medical 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 Therapy are denied insurance benefits, these services will be billed at provider discount rates stated below, provided the office visit is paid by your insurance company. If the office visit is not paid by your insurance company, the self-pay rates will apply (stated below).

Provider Discounted rate for *Acupuncture* **\$60** per visit.

Provider Discounted rate for *Cupping Therapy* **\$35** per visit.

Provider Discounted rate for *Osteopathic Manipulative Therapy* **\$60** per visit.

In addition, you will be responsible for *copays* as well as any *coinsurance* and *deductible*. By signing below, you agree to these terms and agree to pay the above provider discounted rates, if your insurance carrier denies the above services, and the office visit is paid by the insurance company. If the office visit is not paid, self-pay rates will apply.

\_\_\_\_\_  
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 for obtaining a referral from your primary physician prior to your scheduled appointment. By signing below, you agree to the terms and agree to pay self-pay rates if you do not obtain a referral from your primary care physician.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Self-Pay Rates**

Time of Service/Self-pay rates are **\$175.00** for the *initial* visit and **\$140.00** for each *follow-up* visit. The rates include an office visit as well as Acupuncture and/or Cupping Therapy and/or Osteopathic Manipulative Therapy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date