

CONSENT TO USE AND DISCLOSE HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS

I understand that as part of my healthcare, this organization originates and maintains health records describing my health history, symptoms, examinations and test results, diagnoses, treatment and any plans for future care of treatment. I consent to the use of disclosure of my identifiable health information by Mill-e-Moto for the purpose of diagnosis or providing treatment, obtaining payment or to conduct health care operations.

I understand that this information serves as:

- A basis for planning my care and treatment.
- A means of communication among the many healthcare professionals who contribute to my care.
- A source of information for applying my diagnosis to my bill.
- A tool for routine healthcare operations such as assessing care quality and reviewing the competence of healthcare professionals.

I understand that I have the right:

- To object to the use of my health information for directory purposes.
- To request restriction to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations—and that the organization is not required to agree to the restrictions requested.
- To revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereupon.

I request the following restrictions to the use of disclosure of my health information:

Patient:

Patient Signature or Legal Representative

Date

Printed Name

Mill-e-Moto

12005 SW 70th Ave

Tigard, OR 97223

p: (503) 372-6463 f: (503) 214-8470

Financial Policy

Welcome to Mill-e-Moto. It is our goal to provide quality healthcare and we are glad you have chosen us to assist you. There are a few options in regards to payment for the services that we provide.

We are *in-network* providers for most major health plans. If you will be utilizing your insurance, we advise that you have a basic understanding of your plan's coverage for acupuncture services and the amount of your co-payment and/or deductible; we will review your coverage with you.

If you do not have health insurance coverage and will be paying cash for services please review the following options below. *With all options, payment is due on the day of service.*

Insurance Coverage

We will file your claim if you provide us with your current insurance cards. This does not mean that we have a contractual relationship with your insurance plan. We will call your insurance company to verify your eligibility and benefits. This does not guarantee payment. Your insurance plan is a contract between you and your insurance company. Patients covered by insurance policies which have deductible or co-pay provisions are legally obligated to meet those provisions.

Cash Patients

We offer the following options for cash patients. We accept cash, gift certificates, personal check, and major credit cards.

- Standard price of \$145 per initial visit and \$100 for follow-up visits.
- Package of 10 gift certificates at the discounted rate of \$800
- Package of 5 gift certificates for \$450.
 - Gift certificates are transferable and do not expire; they are non-refundable.

Appointment Cancellations

Please provide 24-hour notice for all cancellations. Our policy is to charge a \$40 cancellation fee for missed appointments if 24-hour notice is not given.

If you have further questions or concerns about our financial policy, please contact us.

I have read and accept the terms outlined above. I agree that in the event my account is over- due and costs associated with services provided for my care have not been paid, I will pay costs and fees including collections costs, attorney fees and court costs.

Patient Name _____

Patient Signature _____ Date _____