

**Kayo King, L.Ac.**  
***Gentle Acupuncture, Inc.***

12717 4<sup>th</sup> Avenue West, Suite C-3  
Everett, WA 98204  
(425) 347-2308 Fax (425) 423-7640

**OFFICE FINANCIAL POLICY AND  
AUTHORITATION TO BILL INSURANCE**

There are two billing options available for you. Please select the one you prefer us to use for your visits. If at any time if you choose to change your billing option, you are required to let us know immediately and sign a new Office Financial Policy and Authorization to Bill Insurance Form.

**Private Pay**

Private Pay patients are patients that do not bill insurance. **This discounted cash rate is only applied to the published rate if you pay at the time of service.**

**Insurance Billing** (Medical or Auto Insurance)

I understand that I must pay all co-payments and/or co-insurances not covered by my insurance company at the time of check in for today's visit, and every visit hereafter. Gentle Acupuncture, Inc. will submit my claim for me to my insurance company. Although Gentle Acupuncture, Inc. verifies my insurance; **I understand that this verification is not a guarantee of payment.** I understand that any and all charges incurred at this office including co-payment, co-insurance, percentage due and/or deductibles or any other fees or services not covered by my insurance company are **my responsibility.** **I understand that if these patient portions due are not paid at the time of service I will be subject to a \$10.00 billing fee per month – no exceptions until the outstanding amounts are paid.** I further understand that any unpaid balance **over 90 days**, can and will be sent to collections for recovery unless prior arrangements have been made.

I authorize my insurance benefits to be paid directly to Gentle Acupuncture, Inc. I also authorize the doctor to release any information and medical records required by my insurance company. I understand that I may revoke this consent by written request, at any time. No other records shall be released without my signed consent.

\_\_\_\_\_  
**Signature of Responsible Party**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Signature of Person Authorized to Consent

\_\_\_\_\_  
Date