TAKAZAWA ACUPUNCTURE

18 E 41st St., Fl.14th, New York, NY 10017
TEL: 347(822)0000
contact@takazawaacupunctureny.com
https://www.takazawaacupunctureny.com

Financial Responsibility & Treatment Agreement

Patient Name: _____

Date of Service: _____

How to read this agreement: Part A (Sections 1–5) applies to all patients. Part B (Section 6) applies only to Acupuncture patients who use insurance. If you do not use insurance, you may skip Part B and go to the signature lines at the end.

PART A — ALL PATIENTS (Acupuncture and AcuSerene®)

1. Out-of-Pocket Service Fees

These fees apply to Acupuncture paid out-of-pocket and AcuSerene® Facial Acupuncture. Our current fees are listed on takazawaacupunctureny.com. For both services, the first visit includes the initial consultation. Patients returning after more than three years since their last visit are welcomed as new patients.

2. Financial Responsibility

You are ultimately responsible for payment of all services rendered, regardless of insurance coverage.

3. Credit Card Authorization & Payment Policy

You authorize Takazawa Acupuncture, PLLC to securely maintain your card on file and to charge it for any patient responsibility determined by your insurance plan, for any non-covered services, and for fees under the Cancellation Policy below. This includes copayments, coinsurance, deductibles, denied services, and applicable fees. We will let you know before any cancellation or missed-appointment fee is charged. The card on file must be in your name.

Payment receipts

Receipts are sent directly from our payment processor by standard email, which is not encrypted. Receipts show your name, the date, the service (for example, a copay or treatment type), and the amount paid.

- ☐ I prefer to receive receipts from Takazawa Acupuncture by secure, encrypted email instead.

4. Failed Payments

If your credit card is declined, a check you give us is returned unpaid by your bank, or you dispute a card charge with your card company, you remain responsible for the unpaid balance. A fee of $20 applies to each returned check.

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5. Cancellation, Rescheduling, and Missed Appointment Policy

Your appointment time is reserved for you alone. If you need to cancel or reschedule, please let us know by email at contact@takazawaacupunctureny.com at least 24 hours in advance. There is no fee when you do. When less notice is given, an appointment is missed, or you arrive late, the following terms apply.

(a) Changes with less than 24 hours' notice. A late-change fee applies: $150 for Acupuncture, $200 for AcuSerene® Facial Acupuncture. This fee is charged to the card on file, including for package and series holders. If an appointment that was already rescheduled is then cancelled, the late-change fee applies regardless of notice.

(b) Missed appointments. If you do not arrive and have not contacted us by the end of the day of your appointment, the full out-of-pocket fee for the scheduled session applies, as listed on takazawaacupunctureny.com at the time of your appointment. This applies even when your visits are usually billed to insurance, because insurance does not cover missed appointments. For packages and series, one session credit is used.

(c) Transit disruptions. If a major public transit delay prevents you from attending, please contact us by the end of the day of your appointment. Then forward the MTA Delay Verification letter you receive by email to contact@takazawaacupunctureny.com within 7 days. With that letter, the late-change fee may be waived. Traffic, parking, and rideshare delays are not included. All waivers are at our discretion.

(d) Frequent cancellations. Three cancellations or missed appointments within any five consecutive appointments, including those under (c), may mean we are no longer able to continue scheduling your care.

(e) Late arrivals. If you arrive late, your treatment may still end at its scheduled time.

PART B — PATIENTS USING INSURANCE (Acupuncture only)

6. Insurance Billing

Out-of-network plans. We are out-of-network with all insurance plans except Aetna. If you have one of these plans, we do not verify your benefits. Please check your out-of-network benefits with your plan before your visit. Payment is due at the time of service, and we can provide a superbill you may submit to your plan for any out-of-network reimbursement, which your plan pays directly to you.

If you are not an Aetna member, you may skip the rest of Part B and go to the signature lines at the end.

Aetna. We are in-network with Aetna and submit claims to Aetna on your behalf. We verify acupuncture coverage before your appointment. Your plan makes the final coverage decision after we submit the claim, so verification is not a guarantee of payment.

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For Aetna Members

6.1 Patient Responsibility

You are responsible for the copayments, coinsurance, and deductible amounts your plan assigns to you. Copayments, coinsurance, and deductible amounts may be collected at the time of service, based on an estimate of your plan's contracted rate. Once your plan's Explanation of Benefits states what you owe, any difference is settled: we refund an overpayment or collect a remaining balance.

6.2 Non-Covered or Denied Services

Some services, including evaluations and acupuncture for certain conditions, may not be covered by your plan. If your insurance does not cover part or all of a visit and your Explanation of Benefits shows that you owe it, you pay our out-of-pocket rate for the uncovered part (the evaluation, the acupuncture, or both). What you pay for the uncovered part will never be more than our out-of-pocket fee for that visit, as shown on takazawaacupunctureny.com. Any copayment, coinsurance, or deductible your plan assigns for the visit is in addition to this amount, as described in 6.3.

6.3 Choosing to Pay Out-of-Pocket

When treatment is for a condition your plan may not cover, we will let you know before treatment and ask which you prefer:

Pay out-of-pocket. You pay our out-of-pocket fee at the visit. At your request, the visit is not billed to your insurance.

Use insurance. We bill your plan for the evaluation and the acupuncture. If your plan covers the visit, you may pay less. If it does not cover part or all of the visit, you pay our out-of-pocket rate for the uncovered part (the evaluation, the acupuncture, or both), plus any copayment, coinsurance, or deductible your plan assigns for the visit, which can total more than paying out-of-pocket.

We usually recommend paying out-of-pocket in this situation. You will record your choice on a separate Payment Choice form before treatment.

Revised November 1, 2026

I have read and understand this agreement and agree to the terms stated above.

Patient Signature: _____

Date: _____

Provider Signature: _____

Date: _____