

# Financial Agreement

The Wright Point, L.L.C.

Kimberly S. Wright, M.Ac., L.Ac., Dipl. Ac. (NCCAOM), P.T.

5710 Newbury St.

Baltimore, MD 21209

410-428-5699

1. I understand that payment for services is due at each appointment.
2. If Blue Cross-Blue Shield or Care First is to be billed, I am responsible for my co-pay at the time of treatment. Should my insurance fail to reimburse The Wright Point, I understand I will be responsible for the entire treatment fee for the session even if the insurer determines that the service is not medically necessary.
3. I understand that if I am using Blue Cross Blue Shield or CareFirst for payment, my practitioner will be billing electronically using a standard 1500 CMS form and may be required to provide a diagnosis and specifics about my treatment. I hereby authorize disclosure to said insurance company of any and/or all of my medical information, as necessary, for billing purposes.
4. I authorize payment of medical benefits to The Wright Point, L.L.C.
5. I understand that I am liable for the entire fee for the appointment if cancellation occurs without a 24-hour notice. There is no fee in the case of an emergency.
6. Late arrivals will not receive an extension of scheduled appointment time and will be charged the full service fee.
7. In the event of a bounced check the patient will be charged a \$25.00 fee.
8. The fee for the initial session, the traditional diagnosis, which includes a conversation and medical history intake, physical exam, and a needling treatment is \_\_\_\_\_.
9. The fee for follow up treatment sessions is \_\_\_\_\_.
10. I have read this agreement and had my questions answered to my satisfaction. I understand and agree to comply with all of the above stipulations.

\_\_\_\_\_  
Patient or guardian signature

\_\_\_\_\_  
Print name of patient

\_\_\_\_\_  
Date