



## Sierra Acupuncture & Healing Arts, Inc.

Maureen Lamerdin, O.M.D.  
Elli Chelli, O.M.D.

Maggie Tracey, O.M.D.  
Rachel Abare, O.M.D.

512 N. Division St. Carson City, NV 89703 889 Alder Ave. Ste. 302 Incline Village, NV 89451  
P : (775) 841-3336 F : (775) 841-3337  
www.sierraacupuncturearts.com

### **Policy for Changing and/or Cancellation of Appointments**

We appreciate your efforts in meeting your scheduled appointments on a timely basis. We also request that you provide the office with a minimum of 24 hours notice for any change of appointment or cancellation.

Sierra Acupuncture is a very busy practice, and we have people waiting on a daily basis for openings. We can only accommodate all of our patient's needs when we have adequate time to notify individuals waiting for such openings.

You will be notified by phone and/or email prior to your scheduled appointment. For each reschedule or cancellation notification that is received in less than 24 hours, there will be a \$85 charge, unless it is a true emergency. For all no-show appointments, there will be a \$85 charge.

### **Assignment and Release**

I authorize payment of insurance benefits be made directly to Sierra Acupuncture & Healing Arts, Inc. and I understand I am responsible for charges not covered by this assignment. I also authorize the release of any information requested to process this claim. I understand that it is my responsibility to know my insurance coverage. I will stay up to date on my insurance policies, contracted providers, need for prior authorization for procedures, specific facility for lab work and x-ray, copayment amount and my yearly deductible in order to process coverage at this office. I understand that many insurance companies don't guarantee coverage.

\*\* Please help us help you! There are hundreds of insurance companies and it is impossible for our team members to know the specific requirements of each.

### **Non-Covered Medicare**

Medicare does not cover Acupuncture, and there is no guarantee that your secondary insurance will cover. As a courtesy, we will bill your secondary insurance if we are named as a provider for that insurance. If we do not receive payment within 30 days, you will be responsible for payment in full for your outstanding balance.

By signing this document, I acknowledge that I am aware and will follow these policies.