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Acupuncture Non-Covered Services Agreement / Good Faith Estimate
Acupuncture and Supporting East Asian Membership Services

The following are the out-of-pocket costs associated with acupuncture and acupuncture auxiliary services at Rebel Med NW when insurance *does not* cover the procedures:

Access/Admin Fee applies to all Insurance visits (waived with membership): \$25

Direct Pay Option / Time of Service Discount	
Initial Visit Acupuncture (99203+97810+97811) (90 minute appointment)	\$200
Comprehensive Return Visit Acupuncture (99213, 97810, 97811) (60 minute provider time + retention time)	\$175
Focused Return visit Acupuncture (97810, 97811x2 or 97140) (30 minute provider time + retention time +TX)	\$150
<ul style="list-style-type: none"> Direct Paying for Acupuncture with time of service discount fees include: Manual Therapy, Education time, and Heat fees, so you will not be charged additionally for those procedures when paying for Acupuncture service with <i>direct pay option / time of service discount</i>. 	
Insurance Pay Fees if not a covered benefit per your insurance:	
First office visit Evaluation & Management (99202, 99203):	\$50, \$75
<ul style="list-style-type: none"> Evaluation & management fees are <i>in addition</i> to the acupuncture service performed, when billed to insurance at the initial visit, every 6th visit, or evaluation of a new condition. 	
Return office Evaluation & Management (99212, 99213):	\$25, \$50
<ul style="list-style-type: none"> Office visit Evaluation & Management codes are re-initiated at the First Office Visit and then performed periodically (standard every 6 visits) to re-assess treatment progress, when the patient presents with a different condition that the provider must take the time to assess, evaluate, and research, and/or when the patient has not been in the office for over 2 months. 	
Additional Education Time (97110 / 99213): Chinese Medicine Lifestyle / Diet Counseling	
<ul style="list-style-type: none"> Each acupuncture code incorporates 5 minutes of pre and post treatment conversations. Any additional 10-15 minutes of time taken to educate patients on exercise, stretching, and strengthening procedures falls into "Additional Education Time": including anatomical education, setting up proper form, explaining full protocol with safety guidelines and modifications to meet the patient's needs, advice on duration and frequency the protocol is to be performed, follow-ups to help patients troubleshoot issues as well as training the patient to begin and maintain a pattern of action. It also includes education on recommended home-care products such as supplements, herbal products, topicals, and more. 	\$25-50
EAMP Service: Heat Application / Manual Therapy (97140) / Cupping / Chinese Massage per 15 minutes	
<ul style="list-style-type: none"> Includes massage techniques such as Abdominal Massage, Gua Sha, Cupping, Tui Na, Massage Gun and other physical modalities that are added on to an acupuncture treatment that are not covered by insurance plans or would utilize PT benefits. The provider determines in the visit when this is necessary for the patient's improvement of their condition, based on patient preference. This service is <i>automatically</i> added onto most acupuncture visits especially for conditions of pain, digestion, and fertility because it increases success rates when used in addition to acupuncture treatments. The style of manual therapy that we do is targeted to the specific areas being worked on. 	\$25*
*The EAMP Therapy service is utilized automatically in most cases unless the Additional Education service is used instead.	
*Only one of the codes will be used in a given visit between the Additional Education Time or the EAMP Manual Therapy Add-on Services.	
Cupping only Appointment / 30 minutes	\$75
Trigger Point Injection Supply Cost: Cost of homeopathic or medication used and prescribed	\$20-50
Trigger Point Injections, not covered by insurance most often, based on volume/region.	\$75-100



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No Show Acupuncture Fee: Acupuncture Fee: \$100

The No Show/Late Cancellation fee is applied to cancellations made less than 24 hours in advance or the visit is No-Showed. This is to cover the loss for the provider because we did not have the time to fill the opening with another appointment. First No-show/Late Cancel will be a courtesy reminder and emergency events or illnesses are exempted, but please try to let us know as soon as possible so we can attempt to fill the space with the patients on our waiting List.

Low-Income/Medicaid/Senior/Military Discount: Acupuncture Fee: \$150 for First visit \$125 for return visit

The acupuncture providers at Rebel Med NW are highly skilled and deliver quality service that is to the extent of their scope of practice. Their medical training informs their evaluation and assessment and what they feel is medically necessary to help patients meet their goals, especially when it comes to getting patients out of pain and discomfort. Our costs reflect the expertise of our providers as well as the time outside of treatments that they spend on documentation and research on the patient’s behalf. We strive to make our medicine accessible to all who seek care and we do this by maintaining In-Network contracts with most insurances. However, not all insurances or insurance plans will cover all of the services and procedures that we offer. More insurance plans are including alternative medicine services, but it is still considered new and experimental therefore coverage is sometimes limited. In such cases we offer the above Non-Covered Services rates that are based on the market rate for time of service pricing for these services in the greater Seattle area. The reason that we have therapies pieced out is because insurance plans may cover some services and not others, so this makes it easy for us to convert the codes not covered to the Non-Covered services fees.

The services provided by our acupuncturists come from a place of compassion and the callings of a healer. In order to respect the time and quality of service provided, anything that is not covered by insurance will become Patient Responsibility. Our office offers to look up our patients’ insurance benefits as a *courtesy*. We hope to advocate and educate patients about their financial responsibilities in support of transparency. Some insurance companies and plans are more accessible and transparent than others, and it is the responsibility of the individual to understand the benefits covered by their insurance plan, or any changes.

I, _____, understand that I am financially responsible for any and all services and procedures that are performed with my consent for treatment.

Signature

Date

Insurance Estimate: Based on historical use of the below insurances this is what our office has typically witnessed in regards to coverage, subject to change, and subject to individual plan policy. *Below is for estimation purposes only, to assist in our ability to provide a good faith estimate.*

Key: + = commonly covered / = mixed - = no benefits typically

Codes	Aetna	Premera BC / Anthem First Choice	Regence / BCBS*	United	Kaiser PPO (not HMO/core)	Ambetter CC:
E&M: 99203 99213	+/	+/	+	/	+	/*
ACU: 97810 97811	+	+	+	+	+	+
Notes		Out of state plans may deny	Out of state plans may deny		Phonexay only	*Copay for each service

*Claims are processed with repeat E&M due to potential for prior auth after which places a block after 6 visits and requires an updated eval visit to be completed at 6th visit despite how many visits insurance may allow. If this prior auth is not approved, visit is subject to direct pricing rate.