



A note to our patients concerning insurance coverage and financial responsibility:

In the event our services are covered by your insurance provider, we are happy to submit our billing to your insurer. There may, however, be instances in which a patient's insurance company does not provide the amount of coverage promised to our billing service when we first verify a patient's coverage. If you choose to use insurance for services with Matthew Berg Acupuncture, LLC, we ask that you bear the financial responsibility of any unmet payments, partial payments, and/or co-payments.

By signing this contract, the patient consents to bear the full financial responsibility for payment in cases in which insurance does not fully cover services provided by Matthew Berg Acupuncture, LLC.

Thank you.

Patient/Guardian signature:

Date:

Provider signature:

Date: