Uyayi Acupuncture & Herbal Medicine is an out-of-network provider with all major insurance companies, including yours. Your insurance plan may send out-of-network provider payments to YOU (the insured) and require you to, in turn, make payment to Uyayi Acupuncture & Herbal Medicine (the provider).

In order to ensure that all payments are posted to your patient account in a timely manner and to avoid legal processing, please read the following carefully.

By signing this form, you understand that:

1. Your credit card information is required and will be kept on file. In the event that your insurance provider processes a check to you, your card will be charged for the exact amount, minus your co-pay.

2. You are responsible for 100% of the amount paid to you by your insurance company.

3. All credit card information must be kept up to date at time of insurance processing. Please update us of any changes before we file for an insurance claim.

We hope this does not cause you any inconvenience. We look forward to providing you with some of our unique services and quality health care.

I authorize Uyayi Acupuncture & Herbal Medicine to keep my credit card information and signature on file, and to charge my credit card for medical expenses incurred by me at this clinic SHOULD I FAIL to reimburse the clinic my insurance payment. If I assign my insurance/employee health benefits to the provider listed above, I agree to be personally responsible for the total charges incurred by me regardless of any insurance denial and applicable insurance partial payments. I acknowledge that no guarantee or assurance has been given to me as to the results that may be obtained from the services rendered by this clinic. I understand that this form is valid until I cancel the authorization through written notice to the above listed clinic and provider. I understand that the amount charged will be the exact amount received by me from my insurance company for claims from this clinic if it is not forwarded to this clinic within 30 days.

___________________________	________________________________
Print Full Name	Signature

Date:___________________