

Karen Tan, ND, MAcOM, LAc.  
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## **Acknowledgment & Agreement of Terms**

Our goal is to assist you in achieving improved health. We shall work with your body's inherent ability to heal encompassed in the laws of nature.

This agreement clarifies our billing procedures. Please carefully read the statements below. Your signature designates your understanding and consent to these procedures. Please contact us with any questions, if necessary, prior to returning this form.

1. All accounts are due at the time of your visit. Cash, check, MasterCard, and Visa are acceptable methods of payment.
2. It is your responsibility to determine whether or not your insurance company will reimburse you for your visit(s), and to what degree. We provide the proper paperwork, so that you may correspond with your insurance company directly.
3. Services and treatments not covered by your insurance carrier will still be your personal responsibility for payment to Dr Karen Tan.
4. We provide adjunctive, ongoing care. This means that care rendered by our physicians will not replace your need for a primary care physician. Our physicians subscribe to no hospital plans in the area, and therefore do not have admitting privileges.
5. The fee for an initial consultation, which includes a detailed history, physical exam and a treatment program is **\$295**. Return visits are **\$130**. Initial Allergy Assessment is \$200 and Allergy Treatments are \$110. These fees are subject to change without prior notice.
6. To maintain an active patient in the clinic, you will need to come in for a visit at least once within a 2 year period of time.
7. If you have HMAA or UHA, you will be responsible for the co-pay as well as the portion of the above stated fees that is not covered by your insurance. Please provide a copy of your insurance card and fill out the insurance claim form.
8. A 24 hour notice is required if you cannot make the next scheduled appointment. If you change or cancel the appointment within 24 hours, you will be charged for the visit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_