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Homeopathic Practitioner  
Doctor of Oriental Medicine  
Acupuncture Physician  
License #: AP4119  
Web: [www.anhclinic.com](http://www.anhclinic.com)

### FINANCIAL POLICY:

Thank you for choosing Acupuncture & Homeopathy Clinic as your healthcare provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to your treatment.

#### Payment:

Full payment is due at the time of service by cash, check or credit card (Mastercard, Visa, Discover, American Express).  
There is a \$25.00 fee for all returned checks.

#### Health Insurance:

We do not accept insurance or file claims. We will provide a superbill upon request, so that you may file for reimbursement with your insurance. This contains all the procedures and diagnostic codes for your visit. We do not guarantee reimbursement.

#### Auto Injury Patients:

Unfortunately, Florida PIP does not cover acupuncture services, but you may submit your paid receipts to your PI attorney for reimbursement from your eventual settlement or lawsuit.

#### If you are a Medicare Patient:

At this time Medicare does not cover acupuncture services.

#### Cancellation or Missed Appointments:

Should you be unable to keep a scheduled appointment, we require 24 hours' notice for cancellation. Failure to cancel will result in a fee of \$25.00.

#### Returns:

We are unable to refund you for any Herbs, Supplements or Homeopathic remedies.

I have read and understand Acupuncture & Homeopathy Clinic's Financial Policy.

**PATIENT SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Or Patient Representative) \_\_\_\_\_ (Indicate relationship if signing for patient)