

Please read the following policies carefully.

FINANCIAL POLICY

All payments are expected at the time services are rendered unless arranged otherwise with your practitioner. Methods of payment include cash, check, credit/debit, and insurance. **Please understand that insurance policies related to acupuncture vary greatly depending on the type of plan.** If your insurance coverage is declined due to ineligibility or for other reasons, you must pay for services rendered.

If your insurance does not cover acupuncture, payment is due at time of visit; this includes co-payments. A **\$30.00** fee will be charged for checks returned due to insufficient funds.

CANCELLATION POLICY

When an appointment is scheduled, that time has been set aside for you, and when it is missed that time cannot be used to treat another patient. Therefore, I have a cancellation policy in place which is as follows: **I require that you give the office a minimum of 24 hours advance notice if you need to reschedule your appointment.** This allows for other patients to be scheduled into that time slot. If you miss an appointment without contacting the office, it is considered a missed appointment and you will be charged a fee of **\$65.00**; this fee cannot be billed to your insurance. **Please note:** if you arrive more than 20 minutes late without prior notice for a scheduled appointment, it is considered a missed appointment and the \$65.00 fee will apply.

I have read and understand the above policies and agree to adhere to them in all respects.

Signature _____ Date _____

Complete this section if filing for Personal Injury Protection (PIP)

Company _____ Adjuster's Name _____

ID# or Claim # _____ Phone _____

Date of Injury _____ Name of Insured _____