

Welcome to my office. I'd like to take a moment to explain my office policies.

**Payment arrangements:**

Patients are responsible for all fees at the time services are rendered. Payments can be made by cash, check or credit card. I accept **VISA and MASTERCARD**. There will be a service charge for any returned check.

**Late cancellation/Missed Appointments:**

I respect the fact that you may, on occasion, need to cancel an appointment, however, I do request a **24** hours notice. Should you cancel an appointment with less than 24 hours notice I reserve the right to charge a late cancellation/missed appointment fee.

**For Insurance Reimbursement:**

Many insurance policies cover acupuncture care, but it is your responsibility to make sure that your insurance company does. I will provide you with a super-bill for my services with all the information your insurance company requires. After receiving the super-bill your carrier will reimburse you directly.

Please let me know if you have any questions about my policies.

By signing below I hereby acknowledge that I have read the above policies and agree to the terms stated.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_