Clinic Policy and Financial Agreement

Cost of Treatment:

The cost of an office visit depends on the products and services rendered. A typical office visit usually costs around $100, most visits range from $70~$130. Please ask us for the most current fee schedule if you wish to know more in detail.

Insurance:

We will happily bill your insurance company for you. Insurance is a contract between the patient and the insurance company. Payment and coverage is determined by the patient's insurance plan. Although we will diligently verify your benefit and process your claims, we cannot guarantee your insurance company will pay. The patient is ultimately responsible for the payment of the service.

Payment:

Payment is due at the time of service. We accept cash, checks and credit cards. If your insurance plan covers acupuncture, we will bill them for you and you should receive reimbursement in a few weeks. If you prefer your insurance company pays us, special arrangement must be made before your office visit.

Returns/refunds:

Like all medical treatments, individual response varies. Your medical bills are based on products and services provided. We cannot give refunds. Your herbs are compounded for you specifically. We cannot accept returns and sell them to other people. Thank you for your understanding.

Cancellation/no show:

Your appointment time is reserved for you. Showing up on time keeps wait time minimal. When patients don't show up for appointments, it hinders others from getting the help they need. We reserve the right to charge repeat offenders $50 fee for no show and $30 fee for cancellation with less than 24-hour notice.

By signing below, I, _____ (the patient or the patient's guardian), have read, understand, and agree with the clinic's policy above. I (the patient/guardian) understand that I am financially responsible for the services and products provided. Furthermore, I (the patient/guardian) authorize the release of relevant information for the purpose of billing and administration.

_____ _____

Patient's (or Guardian's) signature Date