

**OFFICE POLICY**

**Cancellations and Late Arrival Policy.** You may be asked to reschedule your appointment if you arrive more than 15 minutes after your scheduled appointment time. We ask for a 24-hour cancellation notice in order to accommodate other patients, and to provide you with the best care in a manner that is timely and cost effective for you. We receive messages 24 hours a day and seven days a week at your convenience. All messages are time and date stamped. If you cancel or reschedule within less than 24 hours of your appointment, you may be charged your entire appointment fee. If you cancel or miss two appointments in a row, you may be discharged from our services. If you return and are readmitted for care, you may be charged the initial visit fee for your first visit.

This policy is strictly enforced in order to allow us to fill vacancies with other patients who are on a waiting list and in need of treatment. A missed appointment is a waste of valuable care. Patients who receive weekly treatment may experience a delay in progress toward treatment goals as a result of missed visits.

**Communication and Care Planning Policy.**  We strive to return all messages before the end of each business day. In order to accomplish this, we must limit return voice calls to ≤ 5 minutes. If we cannot adequately address matters within that time frame, a telemedicine visit or an office visit may be scheduled. Care planning and communication is billed at the rate of $30.00 per unit. One unit is ≤ 15 minutes. This includes phone and patient portal communication, email communication, shipping services, treatment planning, and indirect care services.

**Payment for Services.**All services rendered are on a pay-as-you-go basis. This means that you are expected to pay for services prior to your visit on the day your care is to be provided. We do not accept workers compensation cases or motor vehicle accident insurance cases. We do not submit claims to insurance companies or 3rd party payers. You may render payment via Master Card, Visa, Flexible Spending Account (FSA), Health Spending Account (HSA), Apple Pay, Google Pay, Square, PayPal, cash, bank check, or personal check. You will be charged $50.00 for any form of payment not honored by the bank. Fees are subject to change without notice.

**Private Insurance and Group Health Insurance.** If your health insurance policy provides coverage for services, we will assist you in receiving reimbursement, but we will not bill your insurance. You are expected to pay in full for services at the time the care is provided. Private health insurance coverage for acupuncture is variable. Please contact your insurance company to determine if your plan offers an acupuncture benefit. Our providers are not “in-network” with any insurance plan. If your insurance plan offers “out-of-network” coverage for acupuncture and you would like to submit documentation for reimbursement directly from your health insurance plan, we will provide a superbill upon request. A superbill is an itemized list of services rendered, including diagnosis and medical billing codes. MEDICARE:  At present, Medicare does not cover acupuncture. Please contact your Congressperson and request they support Medicare coverage of acupuncture for beneficiaries.

**PRINT NAME OF PATIENT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELATIONSHIP TO PATIENT** (self, guardian, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINT NAME OF GUARDIAN** (If applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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