Financial Policy Agreement

Will acupuncture work for me? We only accept patients that we think that we can help. Our patients enjoy more than an 85% positive outcome rate through regular visits and our highly effective treatment strategies. We are confident that we may be able help you.

Your Commitment: In this system of medicine each treatment builds on the previous one. Optimal results are achieved when a patient follows the suggested treatment plan. Understand that acupuncture is a therapeutic process, not a magic cure. Please commit to the treatment plan that has been prescribed by your Acupuncture Physician. Patients who drop out of care before having a chance to receive the benefits acupuncture can offer usually are not highly satisfied. Continue with your prescribed treatment plan to achieve a new level of health.

►Appointments:

- **We request that all appointments be made at least 3-4 weeks in advance. This will save you and the clinic time and eliminate waiting.**
- **All missed appointments should be made up in the same week in order to maintain your healing progress.**
- **All appointments MUST be paid in advance.**
- **Please give 2 Day's notice for cancellations**. An $85-dollar fee for late cancellation/missed appointment will apply**, (Will honor 1 emergency forgiveness).**
  Patient Initial_____

►Payment:

- **Payment is accepted in the form of cash, check, Visa, Mastercard and Discover is due at the time of service.**
- **Any unused portion of pre-pay plans are Refundable. Prepay discounts are contingent on completion of treatment plans.**
- **There will be a $20 fee for all returned checks.** **Patient Initial** _____

►Insurance:

- **We issue Super Bills for patients to self-bill their insurance providers.**

►New Patients:

- **For the first 3 treatments, please come 15 minutes before your treatment to fill out progress notes and read educational materials.**
- **Do not use lotions or oils before treatment.**

This will ensure that you will have enough time to get the care that you need. Patient Initial_____

- **Herbs and supplements are not refundable**

I have read and agree to the above policies. I agree to the release of medical and billing information necessary for treatment, payment, and healthcare operations. I assign benefits payable to Root Healing Acupuncture.

Patient: _____ **Date:** _____

(or Patient Representative)

Patient Signature: _____

(or Patient Representative)

Office Signature: _____ **Date:** _____