

# PATIENT AGREEMENT

Welcome to our office. We hope you find our office calm and relaxing. We try to maintain a healing environment and ask cell phones to be turned off or on vibrate, any calls to be taken outside the office space and to keep conversation to a minimum. Please let me know if there are any concerns or requests you may have. We are here to make sure everyone feels comfortable, safe and to make your time here is an pleasant.

## CANCELING OR CHANGING APPOINTMENTS:

There is a **full visit fee for missed appointments without 24 hour notice.**  
48-hour advance cancellation is preferred, **24-hours is required**

Initials: \_\_\_\_\_

## FEES:

Fees for services are expected to be paid at the time of each visit unless you are on a lien. For your convenience, we accept cash, personal checks, and most credit cards.

We urge you to carefully review your insurance coverage prior to your office visit. Policies are often confusing. Remember, the fee for treatment is an obligation that you have with us. **If your deductible has not been met, or your specific plan does not cover some, or all, of the services rendered, you are responsible for the balance of any charges incurred.** Depending on your type of insurance policy this amount will vary.

## Appointment times are as follows:

New Patient Consult & Treatment: 90 min / 2 hrs. depending on what is scheduled

Return Patient Visits: 60 minutes / 75 minutes if cupping or moxa

Reflexology, Cupping or Moxa only: 20 minutes

Please make sure to be on time. If you arrive 15 minutes late, there is a possibility that your appointment will have to be rescheduled or shorted by 15 minutes in order to accommodate already scheduled patients. THANK YOU for your understanding in advance.

I agree to and understand the above terms and conditions.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name above