

PATIENT FINANCIAL AGREEMENT

Cinco Ranch Acupuncture Clinic

Thank you for choosing **Cinco Ranch Acupuncture Clinic** for your health care needs.

We are committed to your improved health by providing high quality, comprehensive health care that is appropriate for you. Here are our **Financial Policies**:

1. We require payment in full when service is rendered. We accept cash, checks, and credit cards.
2. We do not bill insurance, but will gladly provide you with a statement, which you can submit to your insurance carrier for reimbursement.
3. Fees for Acupuncture Services:
\$120 First appointment, which includes evaluation and treatment. **\$95** Follow up visits.
4. Acupuncture treatment is currently not covered by Medicare.
5. If you need to cancel an appointment, *please inform us at least 24 hours in advance to avoid a full charge of service*. **A missed appointment will also be charged at full fee**. Exceptions include family emergencies and/or inclement weather.
6. All acupuncture and consultation services are **NON-REFUNDABLE** once the service has been provided.
7. All herbal products and supplements are **FINAL SALE** and **NON-REFUNDABLE** once purchased. For safety and quality-control reasons, we cannot accept returns or exchanges of any herbal products or supplements after they have been sold.
8. Treatment outcomes vary from person to person, and **no specific result is guaranteed**.

I acknowledge that I have read and understood this information. I understand that I am financially responsible for any and all charges incurred for services provided.

Patient/Guardian's Signature: _____

Print Name: _____

Date: _____