

# 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. **MEDICARE DOES NOT COVER** acupuncture treatments.
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.

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