

Office Policy and Fee Schedule

| Service | Fee | Approx. length of treatment |
|--|----------|-----------------------------|
| New Patient Consultation & Acupuncture Treatment | \$135 | 85 minutes |
| Established Patient Acupuncture Treatments | \$95 | 55 minutes |
| Prepaid 5-treatment series (\$90 each) | \$450 | |
| Prepaid 10- treatment series (\$85 each) | \$850 | |
| Mei Zen Cosmetic Acupuncture Treatments | | |
| ~ Initial Visit (Consultation, face and body treatment) | \$175 | 1.5-2 hr |
| ~ Follow up visits (Series of 10-12 treatments) | \$150/tx | 85 minutes |

How it works...

-Fees for services are due at the time of your visit, unless alternate arrangements have been made in advance. I can provide you with a receipt to submit to your insurance company directly, or if possible I will bill your insurance carrier for you. If you have any questions, please ask.

-Most conditions require an average of 6-12 treatments, although some will respond well within 4-6 visits or less. Others may require a longer series – this depends on the severity and the chronic nature of the chief complaint.

-Acupuncture is most effective when done frequently, as it has a cumulative effect. To help you get regular treatments, I offer a discount when you prepay for a series of treatments. If you decide to cancel your treatment series, you will be reimbursed at the regular rate for those treatments not used. Treatment series cannot be combined with other discounts. Series must be used within a 6-month period unless other arrangements have been made.

-I accept cash, personal checks, and credit cards. Please note that all published prices reflect a courtesy discount for same day payment.

-Your appointment time is reserved specifically for you. **Please call at least 24 hours ahead of time if need to reschedule your appointment.** There is a **\$35 missed appointment fee** if we do not receive a call within 24 hours. **Late cancellations and 'no shows' are charged the full appointment fee.**

-For insurance patients: I _____ (initial) authorize the release of any medical or other information necessary for insurance claim processing and I understand that my identifiable medical information will be used only as necessary for purposes of treatment, payment, and other healthcare operations.

Please indicate your understanding and acceptance of these policies by signing below.

Patient's Signature

Date