

Financial and Other Policies

Financial

By signing this document, you acknowledge and agree that you are responsible for all charges to your account.

- Fees are due at the time of service.
- Payment options are currently cash or check.
- A discount is applied to fees for services rendered when paid in full at the time of service. This discount does not apply if the full amount is not paid at the time of service including insurance billing.
- The time of service discount does not apply to products sold.
- A \$25.00 surcharge will be assessed to your account for returned checks, and is due immediately.
- Failure to give a minimum of 24 hours notice to cancel or not showing up for your appointment may result in being billed \$40.00 for the appointment session, and becomes due immediately.
- If your account becomes delinquent, your signature below consents to the release of your name, address, and amount due (including service charges) to a collection agency or District Court for collection purposes.

Insurance Billing

The clinic does not yet bill insurance companies for acupuncture services. We are in the process of applying to be paneled on insurance companies. Please let the clinic know if you have an insurance company/policy you would like us to consider.

- The clinic can provide a superbill for you to submit to your insurance company for reimbursement of your fees for services.
- The clinic advises you to contact your insurance program and confirm your acupuncture benefits/coverage (if any) before scheduling your appointment.
- You are responsible for all fees regardless of any amount reimbursed by your insurance policy.

Cancellation Policies

Scheduled appointments require a 24 hour notice to cancel. Failure to give a 24 hour notice or not showing up may be subject to a surcharge fee as outlined in the financial policies. The fee may be waived, at the discretion of the acupuncturist, in cases of emergency, accident, or weather related for example.

Orenco Acupuncture & Wellness Clinic, LLC

6125 NE Cornell Road, Suite 230, Hillsboro, OR 97124

www.orencoacupuncture.com

General Policies

The clinic strives to provide the best care possible, and discussing your case with other healthcare providers or facilities such as your primary care physician is helpful in providing integrative care. We request that you complete our Release of Medical Records to allow us to communicate with your other healthcare providers or request copies of your medical records. We will not request copies of your medical records without a signed Release of Medical Records form.

Orenco Acupuncture & Wellness Clinic, LLC and it's practitioners reserve the right to discontinue care such as in cases of repeated non-compliance with scheduled appointments or other circumstances and considerations at any time.

General Information

Please wear loose fitting clothing that allows your legs up to mid-thigh, arms and shoulders, head, abdomen, and back to easily be exposed by adjusting your clothing during your appointment. The clinic has hospital, open back, exam-style gowns for use if clothing is too restrictive to access locations on the torso if needed.

Eat a small snack or meal within 2 hours of your appointment to avoid adverse reactions to your treatment. Drink plenty of water before your appointment. Avoid caffeinated drinks, juices, soda or beverages high in sugar at least 1 hour before your appointment.

Use the restroom just prior to your appointment. Do not brush your tongue on the day of your appointment.

Let your practitioner know if you are uneasy about anything during your appointment.

There may be a temporary worsening of your prior or current condition or new symptoms arise as your body responds to treatment and becomes well. This "Healing Response" or "Healing Reaction" typically occurs within 24 hours of your treatment, and then symptoms should improve. If this occurs and there is no improvement following please contact the clinic. If the symptoms are severe go to an urgent care clinic, emergency, or call 911 if warranted.

By signing this document, I acknowledge that I have read or had read to me, and understand the policies stated above.

Patient (printed)

Date

Patient (signed) (or patient representative – indicate relationship if signing for patient)

Print and sign this document and return to Orenco Acupuncture & Wellness Clinic, LLC. Keep a copy for your records.