



Dear New Patient,

Welcome to my clinic! As your healthcare provider at the Acupuncture Associates of Oregon LLC clinic, I look forward to applying my expertise for your healthcare needs. I strongly encourage and welcome your commitment to achieving a better health and quality of life through your cooperation with me. At all times, please provide me with your questions and valuable feedback.

Please read initial the following items:

____ Payment for all services and medicinary items is due in full at the time of visit. We accept cash, personal checks and most major credit and debit cards. There will be a charge of \$30 for every returned check. We do not provide payment plans.

____ We are not providers on any insurance plan. We do not bill insurance for you but can provide you with comprehensive documentation to fulfill your claim. Benefits are subject to individual policies. You have the primary relationship with AAOO clinic and are responsible for the total amount due to AAOO.

____ You will be charged a Missed Appointment fee of \$50 for any missed appointment or late cancellation (less than 24 hours notice). This fee can be debited directly from your credit card on file. Three unannounced missed appointments leads to ineligibility for further services at the AAOO clinic.

____ I give permission to the staff at AAOO to contact me via telephone or email and leave me a message that may contain appointment or medical information if I am not available.

____ Your healthcare provider may prescribe herbs which may be purchased either at the AAOO clinic or elsewhere. Most insurance companies do not cover the products we prescribe and dispense.

____ I have read and understood the above-stated policies of the Acupuncture Associates of Oregon LLC clinic and will comply with them in all respects.

Your signature (*parent or guardian if minor*)

Print name (*parent or guardian if minor & patient name*)

Date