

PATIENT POLICIES

ACUPUNCTURIST – PATIENT AGREEMENTS

Welcome to the office of the G&L Acupuncture & Wellness Center

The purpose of these pages are to allow us to more completely serve you and for you to get the best results in the shortest amount of time. It is our experience that those patients who adhere to the following policies get the best results.

1. PATIENT POLICY: CLOTHING

The acupuncture points used for your condition will determine the areas of your body that need to be exposed. Please wear clothing that is loose fitting (e.g.: pants that can be moved above the knee) or bring shorts. You will be notified if a gown is necessary.

2. PATIENT POLICY: NO-WAIT CLINIC PROCEDURES

1. Please arrive 5 minutes before your designated time (for example, if you have an appointment at 9:00, arrive at 8:55). This will help to insure that patients are treated in a timely manner.
2. Take off your shoes and socks. Move clothing as appropriate (e.g.: pull your pant legs above the knee and roll up your sleeves if appropriate).
3. Lay down on the table. The reason we ask you to lay down is so that you can relax a moment, which will allow you to get a better treatment.
4. To hold your preferred treatment time, we request that all appointments be made in advance. This will save you and the office time, and will help to eliminate waiting.

3. PATIENT POLICY: PAYMENT OF BILLS

We will expect you to honor the financial agreements you make with our office. If you find that you cannot fulfill the agreement you've made with us, advise our staff immediately so new arrangements can be made. It is **not** our policy to bill patients. Our policy is that patients not maintain a personal balance due.

4. PATIENT POLICY: MISSING OR CHANGING APPOINTMENTS

We have set up a specific course of treatment for you. A certain number of treatments in a set amount of time are required for us to get the results we both desire. Thus, we ask that you follow the guidelines below:

1. If you need to change the time of your appointment, plan to come at another time on the same day.
2. If the same day is not possible, be sure to make up the missed appointment within 7 days.
3. If you miss/cancel/re-schedule your appointments without at least a 24 hour notice, and this happens more than three times, you will be charged the full rate for each appointment every time it happens thereafter.

5. PATIENT POLICY: RE-EXAMINATIONS

During your treatment series, Re-Examinations may take place approximately once a month. The purpose of these visits will be to review your progress and make any adjustments necessary. It will also give us time to determine if any new condition needs to be treated and how you are progressing so far. It is important to arrive 10 minutes early for the Re-Exam since forms have to be filled out by the patient, and the Re-Exam will take approximately 15 – 20 minutes.

6. PATIENT POLICY: DIETARY SUGGESTIONS, LINIMENTS, FOOD SUPPLEMENTS, AND HERBS

If applicable, dietary suggestions should be followed, herbs and food supplements taken, and liniments used. Any problems you may have with these recommendations should be communicated to your Acupuncturist.

7. PATIENT POLICY: NOTIFY THE OFFICE IF YOU BECOME SICK

Infections and illnesses, such as colds, flu's, ear infections, and allergies (known as wind invasions in Oriental Medicine), are, often times, easily treated if addressed within the first 24 hours of onset. If not immediately addressed, these conditions can cause two possible outcomes: first, it may prolong your movement to stabilization, and second, it could be complicated by your current herbal formula. It is essential to let your acupuncturist know of such illnesses.

8. PHARMACEUTICAL DRUGS: ALWAYS CONSULT YOUR DOCTOR

An Acupuncturist in the State of Oregon is not licensed to prescribe pharmaceutical drugs. If you want the clinic to treat a condition that is currently medicated we will be happy to do so, so long as the condition has been diagnosed by your doctor and is not an emergency condition. **If the patient decides they want to alter their pharmaceutical regime in any way the patient must consult their doctor before doing so.**

I agree (Int.) _____

9. PATIENT POLICY: UPSETS

We are here to serve you. Please speak with your acupuncturist about any upsetting matter. We see your comments as allowing us to help you and others.

I have read the above and I understand and accept these policies.

Patient's Signature

Date

Patient's Name (Print)

AGREEMENT BY THE PATIENT / GARANTOR TO BE FINANCIALLY RESPONSIBLE FOR FEES

I _____ (patient or guarantor) understand that I am financially responsible for all charges whether or not paid by my insurance. I am aware that some and perhaps all of the services provided may be non-covered services under my insurance. I am also aware that verification of insurance benefits is not a guarantee of payment. I also understand that monthly interest rate of 1.5% will be applied to any unpaid patient balance over 30 days past due.

Patient Signature: _____ Date _____

AGREEMENT BY THE PATIENT REGARDING CANCELLED/MISSED APPOINTMENTS

Patient understands that a missed appointment (No Show) will result in full charges being issued for that appointment.

If a patient fails to give the clinic 24 hours notice of a change of appointment, the patient may be charged for that appointment.

Patient Signature: _____ Date _____

MEDICAL RELEASE TO INSURANCE COMPANY & NOTICE OF PRIVACY PRACTICES

I authorize the release of medical information to my insurance company / companies, including diagnosis and the record of treatment or examinations rendered to me during the period of such medical care, and also request my insurance company / companies to pay directly to G&L Acupuncture and Wellness Center for those medical services.

Patient Signature: _____ Date _____

Clinic Verification of Signatures: _____ Date _____