



CLINIC POLICIES

Unity Acupuncture is a sliding scale clinic offering high-quality acupuncture treatments and herbal consultations. Our mission is to make acupuncture and its many benefits accessible and attainable to our neighbors.

Intake: We require that our patients fill out an intake form regarding their medical history. If you have any questions regarding the information and privacy of our forms, please contact our office. Unity Acupuncture will not share any information you provide to us.

Patient Payments: Unity Acupuncture offers a sliding scale payment system for acupuncture where you decide what to pay between \$125 and is due at the time of treatment. New patients pay an additional one-time intake consultation fee of \$50 (cash discount price \$50) which is added to your selected payment amount.

Arriving Late: Appointment times have been arranged specifically for you. If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, the doctor will determine if there is enough time remaining to start a treatment. Out of respect and consideration to our office and other patients, please plan accordingly and be on time.

Cancelled Appointments: We have a 24-hour cancellation policy. This allows the opportunity for someone else to schedule an appointment. If you are unable to cancel 24-hours or more before your confirmed appointment time, then there is a \$125 cancellation fee.

NCNS Appointments: If we have confirmed your appointment time through our appointment scheduler, over the phone or via email that means we are holding this time for you and your treatment. If you “No Call, No Show” (NCNS) you will be charged \$125 on the card we have on file.

Right of Refusal: We reserve the right to refuse services to anyone. This includes but is not limited to anyone who is not a good candidate for acupuncture treatment, requests services that are out of our scope of practice or to unsatisfied patients.

Right to Change Policies and Rates:

Policies and Rates are subject to change at any time.

By signing below I understand and agree to the clinic policies above. I guarantee payment of all charges incurred at the time of service as a patient of Unity Acupuncture.

Signed By: _____

Date: _____

Printed Name: _____

Parent or Guardian of minor: _____

Date: _____