

Sequoia Healing Center

Financial Agreement and Information Authorization

Welcome to our office! Thank you for choosing Sequoia Healing Center. We hope that you find our office and our services to be pleasant and helpful. We really care about our patients and about achieving successful results for them.

Fees: The fees charged by Sequoia Healing Center are comparable to those charged by most other acupuncturist with similar qualifications in the geographic area. Fees for most treatments are posted in the office and can be quoted over the phone. The fees for office services are payable at the time of each visit. Both cash and personal checks are accepted by the Sequoia Healing Center.

Changing an Appointment: We will set a specific course of treatment for you. A certain number of treatments in a set amount of time is usually required to achieve the desired results. Therefore, if you need to change an appointment, be sure to make it up within a week.

Cancellation policy: Please give us at least 24 hours notice of cancellation. If your appointment is on a Monday, please notify us no later than the previous Friday morning. We reserve the right to charge for appointments missed without 24 hours prior notice. Patients who are 20 minutes late without calling with reason will be considered “no-show”.

Financial Agreement: I understand and agree that health and accident insurance policies are an arrangement between my carrier and myself. Although Sequoia Healing Center will prepare necessary reports and forms to assist in collecting from the insurance company, all services rendered will be charged directly to me and I will be personally responsible for the payment. I agree to pay the charges incurred at the time of each visit. If for any reason this agreement cannot be met, arrangements must be made in advance.

I have read, understood and agree to both the Cancellation Policy **and** Financial Agreement of the Sequoia Healing Center:

Patient or Guardian's Signature

Date

Authorization to Release Information

1. I authorize Sequoia Healing Center to obtain my prior medical information and records and/or to consult with appropriate medical practitioners on my behalf, if Sequoia Healing Center determines it to be in the best interests of my medical care. I understand that, depending on the circumstances, a fee may be applicable. I will be informed when it is deemed necessary to obtain any such consultation.

2. I hereby authorize Sequoia Healing Center to disclose to my insurance company, for the purpose of supporting a claim that is filed on my behalf, all information regarding to health matters and treatments relating to me or my dependents.

Patient or Guardian's Signature

Date