

**Imagine Health**  
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### **Office and Financial Policy**

We require your signature on this form prior to treatment. Please read the following and then sign and date the bottom of the page. Thank you.

*General Policies:*

- Patient is responsible for payment of all fees. Payment is expected at the time services are rendered.
- Serenity Acupuncture can provide a receipt of payment for patients who need to submit proof of treatment and payment to their insurance carrier or their flexible medical spending account provider.
- Returned checks will incur a \$25 fee, due and payable immediately.

*Cancellation Policy:*

- Your treatment time is reserved specifically for you. Please provide a minimum of 24 hours notice to cancel an appointment.
- Last minute cancellations or no-shows result in loss of revenue to the practitioner. Patients who do not call within 24 hours will be charged for the full appointment fee.
- If a patient cancels or does not show up for an appointment 3 times in a month, the decision to continue treatments will be made at the discretion of the practitioner.

*Late Policy:*

- If the patient is late and treated, the appointment will be shortened and end according to the original start time of the appointment.
- Late patients will be charged the full treatment fee.

By signing this form, I give the permission to Serenity Acupuncture to send cards, newsletters or other clinic documents to the mailing address and email address on my health history questionnaire. I understand that I can remove myself from such mailing lists and that Serenity Acupuncture will keep my contact information confidential.

*Acknowledgement of Policies:*

I have reviewed and understood Serenity Acupuncture's Office and Financial Policy handout. I understand that paper copies of the handout are available for my files and I may request a copy at any time.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_