



## No Show and Cancellation Policy and Financial Agreement

CNY Community Acupuncture makes every attempt to make complimentary health care, as acupuncture and Chinese medicine, available to as many people as possible, at the most affordable rates. We have several policies in place that allow us to keep our costs lower so that we may keep our rates lower.

Please read the following list of policies and initial next to each to show that you have read, understood and agree to each statement. If you have questions, do not agree or need clarification, please call us.

- \_\_\_\_ We require 24 hours notice, in advance of an appointment, to cancel or reschedule that appointment.
- \_\_\_\_ All appointments that are missed without a call are deemed a “No Show/No Call” and will incur a \$10 fee, payable at your next appointment.
- \_\_\_\_ We understand that same day cancellations are sometimes unavoidable, however, on and after the second same-day cancellation there will be a \$10 fee charged for a cancellation/reschedule with less than 24 hours notice. The fee will be payable at your next appointment.
- \_\_\_\_ If you arrive late for your scheduled appointment, please be aware that you may be asked to reschedule or wait for the next available appointment that day. Because appointment slots, in most cases, are only 10 minutes, if you are even five minutes late we may not be able to honor your appointment time if it poses an inconvenience to others. It is best to always plan on arriving 10 minutes early to your appointment so that you have time to check in, pay and gather your items to get comfortable in your chair.
- \_\_\_\_ If you are unable to pay for a service at the time of the service, a \$10 fee will be charged, payable at your next appointment.
- \_\_\_\_ We accept only cash and checks for payment. If a check is returned to us for any reason, you will be charged the fee charged us by the bank (usually around \$35), payable at your next appointment.
- \_\_\_\_ We do not (and cannot – due to insurance company rules) bill insurance. But, we will give you a superbill at the time of payment which has all of the information you need to submit to your insurance company or FSA on your own for reimbursement.

By signing below, I acknowledge that I have read, understand and agree to all of the above statements.

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

Printed Name: \_\_\_\_\_

Signature of guardian if patient is under 18: \_\_\_\_\_