

Receipt & Acceptance of Fee Schedule & Office Policies

I, _____, have received and read Lotus Acupuncture & Holistic
(PRINT NAME)

Health Clinic's **Fee Sheet**, and I understand and agree that payment in full is due at time of treatment, unless prior arrangements have been made. If mine is an insurance case, I understand that all treatment rendered to me is ultimately my financial responsibility, and agree to pay all copays, deductibles, and any unpaid balance from my insurance company.

I have received and read Lotus Acupuncture & Holistic Health Clinic's **Cancellation Policy** and understand that if I cancel my appointment without notifying Lotus Acupuncture **at least 24 hours prior** to my scheduled appointment time, or I forget, or I am a "no-show" **my account will be assessed a cancellation fee – equal to 50% of the scheduled appointment fee.** I also understand **if I am more than 15 minutes late to my appointment that my appointment may be shortened or rescheduled to another day.**

I understand the schedule of fees may change at any time and if and when they do Lotus Acupuncture & Holistic Health Clinic will provide me with the new Fee Schedule.

Patient Signature

Date

Office Signature

Date