



## Office Policies & Fees (rev. 4/01/16)

Thank you for choosing *WomanCare Acupuncture & Herbs* for your health care needs. We appreciate your trust and strive to provide you with excellent and personalized care.

### Fee Schedule:

Acupuncture Treatment (Adult):	\$ 65
Acupuncture Treatment (Child, 3 -10 years old):	\$ 45
Acupuncture Evaluation Fee: (Charged at initial visit, and/or for a new chief complaint at a subsequent visit)	\$ 25
Herbs Only, Initial Evaluation:	\$ 70
Herbs Only, Follow-up:	\$ 30

*10% discount for all seniors, students, veterans, first responders, and teachers*

### Payment Policy:

- **Payment is expected in full at the time of service.** Acceptable forms of payment are cash, check, and major credit card.
- *Woman Care* is a preferred provider for several insurance plans, including:  
**Empire Blue Cross, United, CDPHP, Cigna, Aetna, and MVP.**
- If your insurance plan covers acupuncture, we will bill the plan directly and you will only be responsible for the stipulated co-payment. However, it is essential to verify that you have coverage prior to your initial visit. Please give us your insurance information at the time of scheduling your first visit so that we may verify your benefits.  
**If your insurance company declines to cover for acupuncture, you are responsible for full payment.**
- In the event of a returned check, the patient will be responsible for a returned check fee of \$25.
- The cost of recommended herbs is not included in the rates listed above.

### Cancellation Policy:

Should you be unable to keep your appointment, we require advance telephone notice of at least 24 hours.

**We reserve the right to charge a no-show fee of \$50 for missed or forgotten appointments.**

This fee may be waived at the discretion of the practitioner in the event of illness, poor road conditions, or other emergencies. We are grateful for your cooperation and goodwill in this matter.

### Termination of Services:

In the event that the acupuncturist deems it necessary or appropriate to terminate services, every effort will be made to provide the patient with adequate notice and a referral to another acupuncturist or other appropriate health care provider.

**Please indicate your understanding and acceptance of these policies by signing below.**

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

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