

Silver Wave Acupuncture
14850 Burnt Pine Drive, Suite 2
Bonita Springs, FL 34134

Phone: (239) 949-6002

Summary of Office Policies

Fees and Payment:

- Payment is required at the time of treatment and may be made by check, cash, or credit card. A \$25 processing fee will be charged for returned checks.
- We do not provide receipts with ICD9 codes for insurance companies. Receipts may be requested at the time of service for income taxes, flex spending accounts, and health savings accounts.

Appointments:

- Appointment reminders will be issued at least 24 hours in advance of treatment by phone or e-mail according to patient preference. Please note your preference by checking the appropriate space or spaces below. We will use the e-mail address you provided to us on your initial intake form unless you offer an alternate below.

Home phone ____ **Cell phone** ____ **E-mail** ____ **Do not contact** ____

Alternate E-mail address _____

- We value our patient's time and endeavor to begin treatments at the hour they are scheduled. If you are kept waiting more than 15 minutes past your appointment time you will be offered a complimentary 30 minute treatment of your choice to be scheduled at your convenience.
- If possible, please arrive 5 minutes prior to return visits and 15 minutes prior to new patient visits to allow preparation time for treatment. Please wear loose comfortable clothing if receiving acupuncture or acupressure. If you have not eaten or feel dehydrated please let us know so that we can provide you with a snack or some water before your treatment.
- As scheduling permits, treatments will occasionally run over the allotted appointment time. Please notify us at the beginning of each treatment if there are time constraints which require you to leave at a certain time.

Cancellations:

- If you need to cancel an appointment, please call the clinic at 239-949-6002 at least 12 hours prior to your appointment time and leave a message. Cancellations not received within this time will be charged 50% the cost of the treatment scheduled.
- If you are going to be late for your appointment please call the clinic as soon as possible. Every attempt will be made to accommodate schedule changes, however, treatment time will likely be shortened.
- Should you become acutely ill, please make every effort to keep your appointment as treatment is indicated for all stages of illness. If you would like to request a house call on such a day, please let the clinic know as soon as possible and every effort will be made to accommodate your request.

I have read, reviewed, understand, and agree to the statement of office policies above.

Patient signature: _____ Date: _____