

# Good Life Acupuncture & Holistic Therapies

102 West Center Street, The Carriage House #3 West Bridgewater, MA 02379

Tel. 508.559.8004 / www.GoodLifeHolistics.com

## OFFICE PROTOCOLS

I, \_\_\_\_\_, understand the office protocols outlined below and agree to abide by the following office and payment procedures:

1. **FEES:** All fees associated with your care have been explained.
2. **PAYMENT:** Fees are payable in full at the time of treatment unless other arrangements have been made. Cash, check, Good Life gift certificates, credit and debit cards are acceptable methods of payment. Flexible Spending Accounts (FSA) can also be used. Checks should be made payable to your individual practitioner.
3. **INSURANCE:** Good Life Acupuncture & Holistic Therapies does not direct bill insurance companies. *There are no exceptions.* We are happy to provide you with a receipt so that you can submit your claim to your insurance company and be reimbursed.
4. **RETURNED CHECKS:** The fee for a returned check is \$25.00.
5. **CANCELLATIONS:** There is a 24-hour cancellation policy for any service. Please call at least 24 hours in advance when cancelling an appointment. ***You are responsible for the full fee if you cancel an appointment with less than a 24-hour notice.***
6. **PREPAYMENT:** After two late or missed appointments, you will be required to prepay at the time of your next booking. Normal cancellation policy applies.
7. **LATENESS:** The staff at Good Life Acupuncture & Holistic Therapies will always try to accommodate a person who is late for an appointment. However, if you are 15 or more minutes late for an appointment, you may not be able to receive treatment for that day or your treatment time will be shortened in consideration of other patients who have appointments after you. You are responsible for the full appointment fee.
8. **PACKAGES:** We offer package pricing for most services. For pre-paid packages and wellness bundles: if you cancel late or miss your appointment, the session will be deducted as part of your package or bundle and cannot be rescheduled or reimbursed.
9. **PRIVACY:** All information shared with your practitioner is personal and confidential and will not be shared with others, including non-essential staff members, physicians, chiropractors, or other medical practitioners, without your written consent.
10. **MEDICAL CONDITIONS:** Please disclose any medical condition that may be relevant to the nature of your care. [For female patients: please inform your practitioner if you are pregnant or think you may be pregnant.]

We encourage you to ask questions concerning your care and treatment plan! You can refuse any type of treatment at any time.

The services provided by Good Life Acupuncture & Holistic Therapies do not substitute for traditional medical care. Any information provided by our staff is for educational purposes only and is not diagnostically prescriptive in nature. We encourage you to actively participate, as much as possible, in your own healing.

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

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

Practitioner Signature: \_\_\_\_\_

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