

Teri Manley, EAMP
Sage Mountain Acupuncture
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(206) 384-8736

WELCOME & POLICIES

Welcome! I look forward to working with you. I want to reassure you that acupuncture is safe and, by and large, painless. Most people experience it with an overall sense of relaxation and well-being. To help serve you better, I've listed some guidelines and office policies. Please sign the Client Acknowledgement below and bring this form with you to your first treatment.

- Please eat 1 to 2 hours prior to your appointment time.
- Please fill out the enclosed forms and bring them with you to your first appointment.
- Please come in 15 minutes before your appointment to complete your Health & Medical History Questionnaire if you have not already done so.
- Please wear loose-fitting clothes if possible.

Appointments and Fee Information:

Your initial visit will last approximately 1½ hours; return visits are usually about 1 hour. This time will be spent interviewing you regarding your medical history and primary complaint, conducting a physical examination based on Traditional Chinese Medicine (TCM) and Japanese Acupuncture, and performing a course of treatment.

I am a preferred provider for some insurances. For other insurance companies, I will bill directly or can provide a bill for you to seek reimbursement from your insurance company. If do not have insurance or insurance doesn't cover acupuncture, I give a cash discount for payment at the time of service. You are responsible for all fees.

Payment Method:

I accept payment by cash or check. There is a \$35 penalty for a bounced check and only one occurrence is permitted. If a second check bounces, I will require cash-only payment from then on.

Cancellation and Lateness Policy:

If you are unable to keep your appointment for any reason, I ask that you call my office at least 24 hours in advance to cancel or reschedule the appointment. Otherwise you may be charged \$35 for the appointment. If you are 20 or more minutes late, your appointment may be cancelled.

Client Acknowledgement:

I have read the preceding information and have been given the opportunity to ask questions clarifying the content. I understand that I am financially responsible for all charges and agree to pay for the services rendered. I understand the contents of this disclosure and agree to abide by these policies.

Signature of Client

Date

I am pleased to have you as a client and hope you will soon share my enthusiasm for the health-enhancing benefits of acupuncture. My goal is to support your body's natural healing process and assist you in improving your overall health and vitality.