Sacred Space Acupuncture Center

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Financial Policy

Thank you for choosing the Sacred Space Acupuncture Center. I believe that having a clear understanding with my patients as to my office policies, fees, and purpose is of utmost importance in our working together. My main focus is bringing the best quality health care at all times to my patients.

I do not bill any business managers or insurance companies. ***I will gladly provide a Super Bill that you may submit directly to your insurance company,*** which in turn might reimburse you directly. I encourage you to contact your insurance provider to find out what types of treatments are covered under your specific policy.

Since we do not bill we collect payment when services are rendered.
I gladly accept checks, and cash. A $25 fee will be assessed for any returned checks.

Appointment Policy

I value having you as a patient and believe that your time is very important. Many patients are surprised to find that I am usually on time. In order for our office to maintain this quality it is my office policy that patients who are late may not be seen that day. If you expect to be more than 10 minutes late, please call to confirm your appointment availability. Please note you will only be able to be treated for the remaining time originally allotted for your scheduled appointment time, and that full payment will still be required.

A 24-hour notice for cancelled or rescheduled appointments is required or your standard treatment fee may be assessed.

I understand I am responsible (regardless of my insurance) for any and all charges incurred from services provided, and that Check or Cash are accepted. Any questions I have concerning my appointments have been answered.

I have read the Financial and Appointment Policies and fully understand them.

Print Name_____ Date_____

_____ _____
Signature of Patient or Representative Date

_____ _____
Print Personal Representative's Name Relationship to Patient