



Patient Financial Agreement & Patient Responsibility

Thank you for choosing Central Coast Family Acupuncture, Inc. for your health care needs. We are committed to your improved health by providing high quality, comprehensive health care that is appropriate for you. Here are our financial policies. This form and prices are subject to change.

- We request payment at the time service is provided. We are able to accept the payment in form of cash, check, American Express, Visa, Discover, and MasterCard.
- Rates
 - Follow up treatments: \$65
 - Initial intake/treatment: \$95
 - Herbs: prices varie
- Insurance
 - Anthem Blue Cross, Blue Shield, Cigna, Aetna, Optum, United Health Care
 - If insurance denies coverage patient is responsible for services rendered.
- Cancellation Policy
 - Central Coast Family Acupuncture, Inc.'s cancellation policy requires patients to give notice of cancellation 24 hrs prior to their appointment. **The fee for missed appointments or cancellations the day of appointment is \$65.** Exceptions will be made for emergencies on a case-by-case basis. **By signing**

below you acknowledge our cancellation policy and agree to pay \$65 for missed appointments cancelled less than 24 hrs before your appointment. Thank you for your cooperation.

I understand and agree to the fees outlined above and may receive a copy of this Financial Policy & Patient Responsibility form upon request.

Patient Name_____ Signature_____ Date_____

If patient is a minor a parent/guardian must sign.

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