**RECORDS RELEASE AND FINANCIAL POLICY**

Artemis Acupuncture & Herbs

Records Release and Financial Responsibility:

I agree to the release of any medical information my health insurance may need in order to process payment. I assign such benefits to be paid to Artemis Acupuncture and Herbs. In the event that my insurance coverage expires or denies payment, I understand that I am personally responsible for all fees incurred. I also understand that I am responsible for paying my copay at the time of service.

It is the policy of Artemis Acupuncture & Herbs that payment is due at the time of service unless other financial arrangements are made in advance.

Cancellation Policy:

I will provide my acupuncturist with at least 24 hours notice if I need to cancel or reschedule an appointment and I understand that I will be charged the regular amount for any appointment broken with less than 24 hours notice.

Non-Refundable Payment Policy:

I understand that all services and products purchased are non-refundable. No refunds will be provided for the full or partial price for any unused services, packages, or gift certificates purchased.

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(patient name)

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(signature) (date)