

**Office Policy Signature Form**  
**Center for Complementary Medicine Inc.**  
Lyn Swirda Lic.Ac., M.Ac., Dipl.Ac.

**Please read through our office policies carefully. If you need clarification or would like to discuss any concerns you may have regarding our policies, please do so before you begin treatment at our Center. We hope that your experience at our Center is a great one!**

**Late arrivals:** We understand that occasionally unforeseen circumstances arise that may prevent you from arriving on time to a scheduled appointment. We unfortunately have time constraints that do not allow for patients to be more than 15 minutes late for an appointment. If you find you are running late, please call or email us to avoid making an unnecessary trip. If possible, we will make every effort to accommodate your circumstances. If we are unable to accommodate you, we will need to reschedule your appointment and the full late cancellation fee will apply. \_\_\_\_ (initials)

**Late cancellations:** Our Center requires a **minimum of 24 hours** notice to change or cancel an appointment. If you have missed or rescheduled an appointment with less than 24 hours notice, you will be responsible for the full charge of the visit. Regretfully, there are no exceptions to this policy. \_\_\_\_ (initials)

**Payment and Account balances:** The Center is set up for direct payment only. We ask that you pay at the time services are rendered. The Center accepts check, cash, Mastercard and Visa as forms of payment. If a check is returned, a fee of 25.00 will be applied to your account. **Account balances:** All account balances, including additional charges/fees, must be current before treatment will resume. \_\_\_\_ (initials)

**Insurance:** The Center for Complementary Medicine Inc. will not bill or interact with insurance companies directly, but we are happy to provide you with a receipt for services rendered that you may be able to submit for reimbursement. Included on the receipt will be a general description of services received. The Center for Complementary Medicine Inc. will provide what is considered an appropriate receipt as described above, and is not obligated to complete any form that may be provided by a health insurance company sent to the patient or physician in this regard. We suggest that you discuss your reimbursement coverage with your insurance company before you begin treatment, to avoid any potential misunderstandings regarding reimbursement. I accept these specific limitations and policies. \_\_\_\_ (initials)

**Cell phones and pagers:** For your safety and comfort, we kindly ask that you turn off your cell phones and pagers while at the Center. \_\_\_\_ (initials)

**Personal hygiene:** We know that everyone has different practices when it comes to personal hygiene. We ask that you shower and use deodorant on the day you visit the Center. \_\_\_\_ (initials)

**Needles:** Our Center only uses sterile, disposable needles.

**Personal Property:** Please keep your valuables with you while visiting the Center. The Center for Complementary Medicine Inc. and your practitioner are not responsible for your lost or stolen personal property while on the premises. \_\_\_\_ (initials)

**I have read and fully understand the above office policies and information related to insurance and participation in treatment at the Center for Complementary Medicine Inc. I have had the opportunity to ask questions regarding all of the outlined policies and have had all of my questions answered to my satisfaction and accept these policies and agree to receive treatment with full knowledge.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_