

**BRIANA HEALY, LAc, EAMP  
WELCOME and POLICIES**

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**Welcome! I look forward to working with you. To help serve you better, I've listed some guidelines and office policies. Please sign the Patient Acknowledgement below and bring this form with you to your first acupuncture visit.**

- **Please DON'T come hungry! (Eat 1 to 2 hours prior to your appointment time.)**
- **Please thoroughly fill out the other enclosed forms & health history questionnaire and bring them with you, completed, to your first appointment.**
- **Please wear loose fitting, comfortable clothing.**

**APPOINTMENT AND FEE INFORMATION:**

Your initial visit will last about 90 minutes; return visits are 60 minutes. This time will be spent interviewing you regarding your medical history & primary complaint, conducting a physical examination through channel, abdominal and pulse palpation, based on the principles of East Asian medicine, and performing your first acupuncture treatment. If I am not billing insurance and you are paying at the time of service for your treatment, the fee for acupuncture is variable, based on type of treatment and techniques used. Typically, the first visit is approximately \$145. and subsequent visits are \$105. (For example, a standard follow-up visit is \$105, while an acupuncture visit that includes cupping is \$130.) You are responsible for all fees. I am a provider for several insurances (please inquire about your plan) and if you are a member of one of my contracted plans, I will bill them directly for your treatment. If you have a copay/coinsurance, you are responsible for paying those charges at the time services are rendered. If your insurance covers only a portion of the treatment cost, you will be billed accordingly. I encourage you to contact your insurance company for details about your coverage & benefits. If you have any questions or concerns about billing statements from my office, please contact me at (253) 752-1153.

**PAYMENT METHOD:**

I accept payment by cash, check, debit cards and major credit cards.  
There is a \$25 penalty for a bounced check and only one occurrence is permitted.  
If a second check bounces, another form of payment will be required from then on.

**CANCELLATION AND LATENESS POLICY:**

**If you are unable to keep your appointment for any reason, please call the office at least 24 hours in advance to cancel or reschedule. For missed or cancelled appointments without adequate notice, you will be personally charged in full for the missed session. If you are more than 15 minutes late for your appointment, you may be asked to reschedule.**

**PLEASE INITIAL:**

**PATIENT ACKNOWLEDGEMENT:**

I have read the above 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 authorize Briana Healy, LAc, EAMP to release to my insurance company or companies any and all information necessary to process my claim(s). I further authorize that payment(s) be made directly to my provider in this office. I understand the content of this disclosure and agree to abide by these policies.

X

X

**SIGNATURE OF PATIENT**

**DATE**

I am pleased to have you as a patient and hope you will soon share my enthusiasm for the restorative and health promoting benefits of acupuncture and East Asian medicine. It is my objective to support your body's innate healing ability and to assist you in achieving your wellness goals.