

Dear New Patient,

Welcome to my clinic! As your healthcare provider, I look forward to applying my expertise for your healthcare needs. I encourage and welcome your commitment to achieving better health and quality of life through your cooperation with me. At all times, please provide me with your questions and valuable feedback.

Please read initial the following items:

_____ Payment for all services and herbal medicine items is due in full at the time of visit. We accept cash, personal checks and most major credit and debit cards. We charge 3% for using a credit card to cover fees incurred. We do not provide payment plans. There will be a charge of \$30 for every returned check.

_____ We are not providers on any insurance plan, we do provide billing once benefits are verified. If we are not able to bill insurance for you, we can provide you with comprehensive documentation to fulfill your claim. Benefits are subject to individual policies.

_____ Your appointment time is reserved for you. A 24 hour notice is required for appointment cancellation and rescheduling. You will be charged a Missed Appointment fee of \$50 for any missed appointment or late cancellation (less than 24 hours notice). You may pay the fee at your next appointment or we will invoice you via square invoicing service.

_____ I give permission to Eti Domb, L.Ac., to contact me via telephone or email and leave me a message that may contain appointment or medical information if I am not available.

_____ Your healthcare provider may prescribe herbs which may be purchased either at Eti Domb, L.Ac.'s clinic or elsewhere. Most insurance companies do not cover the herbal medicine and Supplements we prescribe and dispense.

_____ I have read and understood the above-stated policies of Eti Domb, L.Ac. and will comply with them.

Your signature (*parent or guardian if minor*)

Print name (*parent or guardian if minor & patient name*)

Date