

Colleen Gibson Acupuncture LLC

Natural Choices Health Clinic 1221 S.E. Madison Street Portland, OR 97214 503.445.7115

Additional Practice Protocols

Please check the box next to each item to indicate that you have read and understand the statement.

- If you find that you are going to be late for an appointment, please call the front desk to let us know (503.445.7115). Please understand that there may be an appointment scheduled after you, not allowing for that time to be made up at the end of your appointment. Knowing that your appointment time may be shorter than usual, consider what your priority is for that day so we can be sure to focus on that. **And remember, even if you are late, take a deep breath and rest assured that you will soon be receiving a wonderful treatment!**
- If you need to cancel your appointment and can reschedule on the same day that's great! If you need to reschedule for a later day **please provide at least 24 hours notice** to allow other patients to use that time slot. If an emergency arises at any time, please call, we will understand. Appointments cancelled within less than 24 hours, without reasonable explanation, will be billed \$55 for that time.
- My commitment in my practice is to provide people with a healing service. Being able to receive regular treatments for a period of time is often critical to making effective progress. If financial issues become a barrier to this, please know that **I will accept what you can safely and honorably afford** in order to complete a full course of treatment.
- If I am billing your insurance as an out-of-network provider the standard protocol will be to collect a \$20 fee at the time of each service and then bill your insurance for the rest. If a minimum total of \$55 (including your \$20) is not collected through the insurance reimbursement, then **you may be billed for the remaining amount**.

By signing this form I am stating that I understand and acknowledge my responsibility in receiving treatment from Colleen Gibson Acupuncture LLC.

Patient Signature

Date