

YANA ACUPUNCTURE

CLINIC POLICIES

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

General Policies

Payment is required at the time of your visit. Returned checks incur a \$25.00 fee, due and payable immediately.

24 hour notice required to cancel an appointment. A 24 hour voicemail system is available and will record your message with a date and time stamp.

Patients who do not notify Yana Acupuncture within the required 24 hours will be responsible for the full appointment fee.

If a patient is late, the appointment will be shortened, and will end according to the original end time. Late patients will be charged the full fee regardless of length of visit.

We reserve the right to dismiss patients for inappropriate conduct, non-payment or late payment of fees, medical reasons, safety concerns and other situations as determined by Yana Acupuncture.

Acknowledgement of Review of Notice of Clinic Policies

I have reviewed and understood Yana Acupuncture notice of clinic policies. I have reviewed, understood and agree to abide with the office policies stated above.

Patient's Signature: _____ Date: _____

266 Main St., Suite #24B | Medfield, MA 02052 | 508-498-5344 | www.acupunctureyana.com