

**The People's Medicine<sup>sm</sup>**  
***Acupuncture and Holistic Wellness Center***  
559 South Duncan Ave.  
Clearwater, FL 33756

Dear patients:

I truly appreciate and feel honored to serve each and every one of you. I look forward to continuing our working relationship together with the common goal of improving your state of health.

The following policies were created to keep costs down, allowing me to extend these savings to you. More importantly, the sooner you inform me of your need to cancel your appointment the sooner I am able to place another patient in that time slot so that they may receive the treatment they deserve. Being on time to your appointment is also very important so that patients being seen after you are not inconvenienced.

By signing below you are acknowledging that you have read and completely understood and are in agreement with the following policies. In addition, you understand that it is your responsibility to follow them and that you will be held accountable for failure to comply.

Thank you in advance for your understanding and acceptance of these policies, it is truly appreciated.

**PLEASE NOTE THE FOLLOWING:**

- ❖ A **MINIMUM** of (24) HOURS is required to notify us [by phone] of your desire to cancel or change your appointment. Failure to comply with these terms will result in a charge of 50% of your scheduled appointment fees. This fee will be billed directly to you. Of course emergencies happen and that will be considered.
- ❖ If you are late for your appointment by more than 15 minutes we may need to reschedule depending on availability of space. Keep in mind, you may be charged a missed appointment fee if I am unable to reschedule you on the day of your original appointment. Therefore, please be on time so I can give you and each of my patients the time, attention and same level of care all of you deserve.
- ❖ All payments are **DUE** at time of service.
- ❖ Cash and Checks are the **ONLY** form of payment accepted at this time. Please be prepared to pay at time of service.
- ❖ There will be a \$25.00 fee billed directly to you for each returned check.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practitioner Signature

\_\_\_\_\_  
Date

727-455-7362      [www.thepeoplesmedicine.net](http://www.thepeoplesmedicine.net)

Clinic Policies ~ Effective April 28<sup>th</sup>, 2010