

ACUPUNCTURE CENTER OF ANDOVER

POLICIES

1. Cancellation Policy

So that we may better serve all of our patients, we require a **24-hour** cancellation notice. If you are unable to make your scheduled appointment, please be considerate and call us. We understand emergency situations may occur. In such circumstances you will not be charged.

If you miss/cancel an appointment without sufficient notice, we will either bill your insurance company or you for the appointment. We appreciate your consideration.

2. Authorization and Assignment

I hereby authorize the Acupuncture Center of Andover to release information concerning my illness and treatments to insurance companies, attorneys, and referring physicians.

I hereby assign to the acupuncturist(s) all payment for medical services rendered to myself or my dependents.

I understand that I am responsible for any balance not paid by my insurance.

I understand a copy of this authorization shall and may be treated as an original.

X _____
Signature of Patient / Personal Representative

_____/_____/_____
Date