

**NEW PATIENT INFORMATION**

*Welcome to Elements of Acupuncture, PLLC. Acupuncture and herbal treatments are available from licensed acupuncturists only.*

**Client Information** –It is best to eat a moderate meal prior to receiving acupuncture. It is not optimal to receive acupuncture when hungry.

After a treatment, it is recommended to drink extra water to support the body, flushing out toxins which may have been released during the treatment.

**Cancellation Policy** – If you find that you need to cancel an appointment, it is important that we receive a **24-hour notice**. **We reserve the right to charge a $35 fee for an appointment canceled with less than 24-hour notice or $70 for a “no show” appointment.**

Should the clinic need to close due to inclement weather or other severe circumstances, Elements of Acupuncture, PLLC will post the closing or schedule change on its website at www.elementsofacupuncture.com and on its main telephone voice message at 210-298-5188.

**Herbal Refills** – Please call no less than 24 hours before you wish to pick up herbal refills to allow time to process the request. Herbal refills are allowed as designated by your practitioner. Once you have requested herbs to be filled you are responsible for the full cost even if the herbs are not picked up.

**Payment for Clinic Services Rendered** – Payment is due at the time of service and may be paid in cash, by check, or with a medical savings account card, flexible spending account card, health savings account card and all major credit cards. Upon request, we will provide you with a printed receipt containing the necessary information enabling you to file your claim. Any amount not covered by insurance is the responsibility of the client.

**Clinic Policy** – Cell phones are to be turned off or silenced when in the waiting room and during treatment.

Speak quietly when in the clinic, and respect other clients receiving treatment.

Do not wear strong cologne or perfume on the day of treatment, many clients are sensitive to strong smells or have allergies.

Thank you for allowing us to provide you with quality health care.

Patient’s Signature Date