

Jennifer Lewis-Gosch, Twelve Branches Acupuncture & Herbal Medicine

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WA State Acupuncture License # AC00002465

Welcome and Policies

Welcome! I look forward to working with you. I want to reassure you that acupuncture is safe and, by and large, painless. Most people experience it with an overall sense of relaxation and well-being. To help serve you better, I've listed some guidelines and office policies. Please sign the Client Acknowledgement below and bring this form with you to your first treatment.

Please eat 1 to 2 hours prior to your appointment time.

Please fill out the enclosed forms and bring them with you to your first appointment.

Please come in 15 minutes before your appointment to complete your Health History Questionnaire if you have not already done so.

Please wear loose-fitting clothes if possible.

Appointments and Fee Information:

Your initial visit will last approximately 1½ hours; return visits are usually about 1 hour. This time will be spent interviewing you regarding your medical history and primary complaint, conducting a physical examination based on Traditional Chinese Medicine (TCM), and performing a course of treatment.

My fee at time of service is \$95 for the first office call and \$70 for repeat visits. You are responsible for all fees. If your insurance covers part of the treatment cost, you are responsible for paying the co-payment at the time services are rendered. As it is my policy to make Chinese Medicine easily accessible to everyone, I offer a \$10 time of service credit to students, starving artists, and elders (65+).

Payment Method:

I accept payment by cash or check. There is a \$30 penalty for a bounced check and only one occurrence is permitted. If a second check bounces, I will require cash-only payment from then on.

Cancellation and Lateness Policy:

If you are unable to keep your appointment for any reason, I ask that you call my office at least 24 hours in advance to cancel or reschedule the appointment. Otherwise you will be charged \$65 for the appointment.

Client Acknowledgement:

I have read the preceding information and have been given the opportunity to ask questions clarifying the content. I understand that I am financially responsible for all charges and agree to pay for the services rendered. I authorize Jennifer Lewis-Gosch to release to my insurance company or companies any and all information necessary to process any claim. I further authorize that payment(s) be made directly to Jennifer Lewis-Gosch. I understand the contents of this disclosure and agree to abide by these policies.

Signature of Client

Date

I am pleased to have you as a client and hope you will soon share my enthusiasm for the health-enhancing benefits of acupuncture. My goal is to support your body's natural healing process and assist you in improving your overall health and vitality.