

Jennifer Lewis-Gosch, Twelve Branches Acupuncture & Herbal Medicine
Seattle Healing Arts Center
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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 \$85 for the first office call and \$60 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 \$15 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.