



Find Your Balance

Acupuncture ~ Chinese Herbs ~ Nutritional Counseling

Notice

At this time, Find Your Balance accepts cash and checks for goods and services, but does not bill insurance companies directly. A super-bill receipt with the appropriate insurance codes will be provided to you so that you may request reimbursement from your insurance company if appropriate.

Fee Schedule

Regular Treatments \$ 60

Informed Consent Form

I (print name) _____ consent to the performances which are in the scope of practice for acupuncture and oriental medicine including but not limited to acupuncture, moxabustion, cupping, electro acupuncture, herbology, massage, nutrition, and physiotherapy.

I understand and am informed that there are risks to oriental medicine treatment including but not limited to bruising, tingling, nausea, infection, blisters, fainting, scaring, miscarriage, and a pneumothorax. There is a risk of suffering burns from the Chinese medicinal therapy moxabustion or from heat lamp applications. I may experience gastro-intestinal upsets or allergies to Chinese herbs. I understand that the acupuncturist may not be able to fully anticipate and explain all the risk and complications associated with my treatment.

I have discussed the duration length for the treatment of my condition with my acupuncturist.

I understand that there is no guarantee that Chinese medicine will be effective for my ailment and my symptoms could worsen.

I understand that all payments for services rendered are due at the time of treatment. I understand that I may be billed for my appointment if I cancel or fail to attend my appointment without giving 24 hours notice prior to cancelation.

I have read and understand the above consent. I intend this consent form to cover the entire course of treatment for my present condition and any future conditions for which I seek treatment. By signing this form I acknowledge that I have read and understand this form.

Patient Name

Patient Signature

Date

For patients under the age of 18,

Parent or Guardian Name

Parent or Guardian Signature

Date