



## Office Policies & Fees (Revised 1/01/25)

Thank you for choosing *WomanCare Acupuncture & Herbs* for your health care needs. We appreciate your trust and strive to provide you with excellent and personalized care.

### **Fee Schedule (Reflects Discount for Payment at Time of Service):**

Acupuncture Treatment (Adult):	\$ 85
Acupuncture Treatment (Child, 3 -10 years old):	\$ 65
Acupuncture Evaluation Fee: (Charged at initial visit, and if 12 months have elapsed since the previous visit)	\$ 45
Herbs Only, Initial Evaluation:	\$ 85
Herbs Only, Follow-up (20-40 minutes), in office or by telehealth:	\$ 45
Brief Herbal Follow-up (10-20 minutes), by phone or digitally:	\$ 25
Dispensary Cost, Dried herbs:	\$ 0.08/gram
Dispensary Cost, Granulated powder extract herbs	\$ 0.23/gram

*Healthcare is a human right. If cost is a barrier to your care, please let us know so that we can arrange a courtesy and/or payment plan.*

### **Payment Policy:**

- Payment is expected in full at the time of service. Acceptable forms of payment are cash, check, and major credit card.
- In the event of a returned check, the patient will be responsible for a returned check fee of \$25.
- The cost of recommended herbs is not included in the rates listed above.
- Woman Care is a preferred/in-network provider for several insurance plans. If your insurance plan covers acupuncture, we will bill the plan directly and you will only be responsible for the stipulated co-payment. However, it is essential that you verify that you have coverage for acupuncture prior to your initial visit.
- If your insurance company declines to cover acupuncture for your condition, you are responsible for full payment.**

### **Cancellation Policy:**

Should you be unable to keep your appointment, we require advance telephone notice of at least 24 hours.

**We reserve the right to charge a no-show fee of \$35 for missed or forgotten appointments.**

This fee may be waived at the discretion of the practitioner in the event of illness, poor road conditions, or other emergencies. We are grateful for your cooperation and goodwill in this matter.

### **Termination of Services:**

In the event that the acupuncturist deems it necessary or appropriate to terminate services, every effort will be made to provide the patient with adequate notice and a referral to another acupuncturist or other appropriate health care provider.

**Please indicate your understanding and acceptance of these policies by signing below.**

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_