



Introduction and Policies

Welcome to the Acupuncture and Oriental Medicine clinic. I welcome the opportunity to work with you and am happy to answer any questions you may have. Oriental Medicine (OM) is a comprehensive system of health care with a continuous clinical tradition of more than 3000 years. It includes acupuncture and herbal treatment, Asian massage, dietary therapy, and lifestyle recommendations. Laser therapy is also offered and may be utilized in your health care plan. These therapies, combined with the technology of Western Medicine, provide you with an optimal system of health care that addresses not only disease, but health and well-being.

Oriental Medicine therapies are safe and often enjoyable. Most people feel a sense of relaxation and well-being both during and after the treatment. Due to the nature of OM questions, patients often experience a greater awareness of their bodies and are able to help correct or prevent situations that create dysfunction or pain.

I received my Masters of Acupuncture degree from the Northwest Institute of Acupuncture and Oriental Medicine and am currently licensed in Colorado. I am also nationally certified by the National Certification Commission for Acupuncture and Oriental Medicine, and the National American Detoxification Association. Please note that these licenses or designations have never been suspended or revoked.

Appointments and Fee Information

Please eat 1 to 2 hours prior to your appointment time and wear loose fitting clothing if possible. The initial visit will last approximately 90 minutes and costs \$110. This will include a detailed conversation and physical exam based upon OM diagnostics, as well as an acupuncture treatment. Subsequent visits last approximately 60 minutes and cost \$90. These include less detailed interviews and a full treatment. Herbs and supplements may be added and are additional. You are responsible for all fees at time of services rendered.

Superbills are available should you wish to submit the charges to your insurance company. In some cases insurance may be billed directly, but please verify that your insurance plan covers acupuncture and how much deductible has been met. In some cases, it may be less expensive to pay at time of service, rather than billing insurance (especially if your deductible has not been met). If your insurance company should deny coverage due to non-covered benefits, lack of referral, lack of proper reporting of incident/accident, or lack of individual coverage, then the responsible party will be billed for services rendered in full. I hereby assign to Jennifer Ulman, L.Ac., LLC all benefits for medical expenses. I hereby agree to pay any and all charges that exceed or that are not covered by insurance. Any account balance that are not paid by 30 days from the dates of service may be forwarded to our collection agency.

_____ *(please initial if you plan to use insurance benefits)*

Cancellation and Arriving Late

Treatment times are set aside for you. If you need to cancel or reschedule, please kindly give my office 24 hours notice. If you are unable to give sufficient notice, a \$25 fee will be charged for the missed appointment. In addition, arriving more than 20 minutes late will result in cancellation of the appointment and a \$25 fee.

Client Acknowledgement

I have read the preceding information and have been give 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 that payment(s) be made directly to Jennifer Ulman, L.Ac., LLC. I understand the contents of this disclosure and agree to abide by these policies.

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Jennifer Ulman, L.Ac. regarding the cure or improvement of my conditions. I hereby release Jennifer Ulman, L.Ac. from any and all liability which may occur in connection with the above mentioned procedures, except for failure to perform the procedures with appropriate medical care. I understand that if I have any questions about this information, I should ask Jennifer Ulman, L.Ac., and that I am entitled to receive information about the methods of therapy, techniques used, and duration of therapy, if known. I understand that I am free to obtain a second medical opinion from another health care professional, and may terminate therapy at any time.

Thank you for choosing me as part of your healthcare team, and I look forward to assisting you in achieving your wellness goals.

Client Signature

Date

Authorized Person to Consent Signature