

OFFICE POLICIES AND FINANCIAL AGREEMENT

The fees charged in this office are comparable to those charged by other specialists with similar qualifications in this area. The fees for office services, supplements and supports are payable in full at the time of your visit unless other arrangements have been made.

Phone and email consultations (longer than 5-10 minutes) are charged on an hourly rate.

If it is necessary for you to cancel or reschedule an appointment we require a **FULL 24 HOURS NOTICE** to change your appointment without charge. Any *appointments canceled or rescheduled without 24 hours notice* will be charged for a *full office visit*. Please realize we have reserved this time for you and that another person in need of care will be able to have time with the doctor when 24 hours notice is given. If you are more than 20 minutes late for your appointment, we may not be able to accommodate you.

Please understand that we have no payment agreements with your insurance company. Insurance benefits are a matter between you and your insurance company. We will be happy to supply you with any information you may need to assist you in procuring payment of your medical claims. Submission of medical insurance claims is the responsibility of the insured.

If you are a patient who has had a non-work related accident, automobile or other injury, it is your responsibility to provide us with the name and address of both the responsible insurance companies and that of your attorney.

We reserve the right to make a finance charge at an interest rate of 1.5% per month for every month that your account remains overdue after 30 days.

I have read, understand, and agree to the above policies.

Name (Print) _____

(If patient is a minor) Name of child for whom I am parent or legal guardian _____

Signature

Date

INFORMED CONSENT

Nalini Chilkov, L.Ac., O.M.D.. is a Licensed Acupuncturist and Doctor of Oriental Medicine. Dr. Chilkov is not a medical doctor. She does not claim to diagnose, treat, cure or prevent any medical conditions or pathologies, nor prescribe medicine, nor in any way represent herself as so doing. The services of a Doctor of Oriental Medicine cannot replace those of a licensed physician. For any medical condition, you are advised to seek care from an appropriate medical practitioner. Whether you choose to engage a medical practitioner or not to assist you in your care is your right and Dr. Chilkov assumes no responsibility for your decision in this matter.

I, the undersigned, assume all responsibility for decisions I make regarding my health, recognizing that (a) no claims are made that acupuncture, herbal, nutritional, or dietary recommendations can treat or cure any medical condition, (b) all recommendations are given for informational purposes only, (c) there is no implied or stated guarantee of success or effectiveness of any specific acupuncture, dietary, nutritional, or herbal recommendations, (d) I am free to act upon or disregard the recommendations of Nalini Chilkov, L.Ac., O.M.D as I so choose. I hereby release Dr. Nalini Chilkov and the Office of Nalini Chilkov, O.M.D from all responsibility for my actions and any consequences thereof in the present time and in the future with no constraints. I hereby affirm that I consent and agree to the above statements of my own free will and request to engage in the services offered by Nalini Chilkov, L.Ac., O.M.D. and participate in a professional relationship with her pursuant to the statements herein.

Name (Print) _____

(If patient is a minor) Name of child for whom I am parent or legal guardian _____

Signature

Date