



Asheville Community Acupuncture Financial Policy

New Patient Intake:	\$20
Acupuncture Treatment:	\$ 30 - 50
Herbal Consult only:	\$ 30 - 50

🌀 About the Sliding Scale

The sliding scale allows you to decide what you wish to pay, no questions asked. We do not require any documentation of income for our sliding scale. A set of guidelines linking income to suggested payment may be provided upon request.

🌀 Payment

We accept payment by cash, check or credit card. Please make checks out to **the name of your practitioner.**

For all appointments that are cancelled, rescheduled, or missed with less than 24 hour advance notice, there will be a charge of \$30.

🌀 Cancellation Policy

We require cancellations be made via phone call. Please do not cancel via our on-line scheduler. We are willing to waive this fee in the event of an emergency. We appreciate receiving this payment promptly via credit card over the phone, in person, or via check by mail if necessary.

🌀 Herbal Medicine

Your practitioner may recommend herbal medicine to accompany your care. **Any opened herbal prescriptions are non-refundable. Unopened prescriptions may be refunded within 30 days.**

🌀 Insurance & Receipts

We do not file for insurance, although we are happy to provide you with a payment receipt which includes insurance codes that you may submit to your insurance company. Since we use a sliding scale, by law we cannot file insurance. Furthermore, filing for insurance would be a hindrance to the quality of care offered, as the insurance companies only treat certain conditions for a limited time.

Thank you for your understanding, Asheville Community Acupuncture staff

Printed Name _____

Signature _____ Date / /



Asheville Community Acupuncture

378 Haywood Road, Asheville, NC 28806

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Acupuncture and Chinese Medicine: Informed Consent to Treatment

The purpose of this form is to present some of the benefits and possible risks associated with Chinese Medical procedures offered at Asheville Community Acupuncture.

By signing below, I do hereby voluntarily consent to be treated with Chinese Medical procedures by a North Carolina State licensed acupuncturist at Asheville Community Acupuncture. I understand that the methods of treatment are aimed at the restoration and maintenance of optimal health and may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui Na (massage), Chinese Herbal medicine, and nutritional counseling. I understand that these methods must be conducted with caution if I am pregnant and I agree to notify my practitioner if I become aware that I am pregnant. I understand that results from the aforementioned treatment methods are not guaranteed and that I am free to discontinue their use at any time. While I do not expect my practitioner to anticipate and explain all possible risks and complications of treatment, I wish to rely upon their competent judgment during the course of treatment based upon a diagnosis which reflects my best interests. I understand that acupuncturists practicing in the state of North Carolina are not primary care providers and that regular primary care by a licensed physician is an important choice that is strongly recommended by the practitioners here at Asheville Community Acupuncture.

Acupuncture/ Electrical Stimulation/ Moxibustion/ Heat Lamp Therapy/ Massage/ Cupping: I understand that acupuncture is performed by the insertion of sterile, disposable needles through the skin or by the application of heat to the skin (or both) at certain points on or near the surface of the body in an attempt to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I am aware that I may be given the option to receive electro-acupuncture as a part of my treatment regimen. I am aware that I may be asked to receive moxibustion therapy, which is a form of heat therapy applied to the body via the combustion of a moxibustion agent (typically artemesia vulgaris; mugwort) I have been informed that although these techniques are generally safe methods of treatment, certain adverse side effects may result. These could include, but are not limited to: local bruising, minor bleeding, numbness and tingling near the needling points, dizziness, fainting, pain or discomfort, skin and surface burns (from moxibustion & Heat Lamp therapy). Unusual risks include minor electrical shock (from electrical stimulation), organ puncture; including pneumothorax (puncture of Lung), spontaneous miscarriage, nerve damage, and the possible aggravation of symptoms existing prior to acupuncture treatment. Infection is a highly unlikely risk since this clinic uses sterile disposable needles and maintains a clean and safe environment. I understand that I may also choose to receive massage, or cupping (massage technique using glass or plastic cups). I am aware that this therapy may result in minor bruising and/ or sore muscles. I understand that I may stop the therapy if it is too uncomfortable.

Herbs and Supplements: I understand that substances (which consist of plant, animal, and mineral substances) from the Materia Medica may be recommended to me for internal or external use to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I understand that these substances are generally safe, though may be toxic in high doses. I understand that I am not required to take these substances but must follow the directions for administration and dosage if I do decide to take them. I am aware that certain adverse side effect may result from taking these substances. These could include, but are not limited to: changes in bowel movement, abdominal pain or discomfort, skin irritation, and the possible aggravation of symptoms existing prior to herbal treatment. *Should I experience any problems, which I associate with these substances, I will suspend taking them and call my practitioner as soon as possible.*

I have carefully read and understand all of the above information and am fully aware of what I am signing. I understand that during the course of my treatment I am responsible for communicating my questions, concerns and needs to my practitioner so that I may be supported in the best way possible. I give my permission and consent to treatment for the duration of my sessions here at Asheville Community Acupuncture.

Signature: _____

Date: _____

Signature of Guardian if client is a minor: _____

Printed Name: _____

Date of Birth: _____