

# Jason Miller, LAc, DACM

DOCTOR OF ACUPUNCTURE AND CHINESE MEDICINE

## Payment Agreement

In order to keep our focus on your optimal care it is important that we agree up front on the financial aspects of our work together. Please **read each item carefully** and make sure you get any questions answered before signing this agreement. Please **initial each item** then sign and date below.

\_\_\_\_\_ **Payment** is due at the time a service is provided. Invoices are due upon receipt. We need to have a credit card on file (cash or check payments can be arranged). Medical insurance does not cover this type of care.

\_\_\_\_\_ **Rates for Services** Dr. Miller's hourly rate for medical care is \$250.00 and applies to all service on your behalf. This includes:

- Consulting time – face-to-face or by phone
- Treatment protocol development and revision
- Research specific to your case/inquiry
- Questions answered by email
- Consultations with other healthcare practitioners on your behalf

We bill for time spent and do so in increments of 5 minutes.

\_\_\_\_\_ **Initial Consultation** We require a non-refundable deposit of \$100.00 for all new patient consultations. This will be applied to the cost of the first visit.

\_\_\_\_\_ **Cancellations** must be made a minimum of 24 hours prior to the time of the appointment. Missed appointments and late cancellations will be charged a fee of \$75.00. In the event of an emergency the charges will be waived.

\_\_\_\_\_ **Our Medicinary** Medicines and supplements obtained through our medicinary require a credit card payment at the time the order is placed. Orders are considered final and cannot be changed or returned. Some exceptions do apply.

I have read and understand the above-stated policies and will comply with them in all respects.

\_\_\_\_\_  
Patient Name (Please print. Include parent/guardian name if patient is a minor.)

\_\_\_\_\_  
Patient Signature (Parent/guardian if patient is a minor.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date