

Shaul Hendel, L.Ac

Welcome to our office. We are here to provide personalized care that assists you in healing and wellness. We ask that you contribute to this by arriving on time for your appointments. If you are more than 15 minutes late we may not be able see you that day. Please give at least 24 hours notice to avoid a late cancellation fee.

FINANCIAL AGREEMENT

I understand that I am financially responsible for all charges and services, including the balance after payment of possible insurance benefits or legal settlements, and charges for any missed appointments WITHOUT 24-HOURS NOTICE. I authorize payment of medical benefits to myself or the names provided for professional services rendered. I authorize release of any medical information necessary to process this claim.

Patient Signature

Date
