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**FINANCIAL AGREEMENT – CASH PAYMENT**

We would like to take a moment to welcome you to our clinic and assure you that you will be receiving the very best care available for you condition. To familiarize you with the financial policy of our office, let us explain how your medical bills will be handled.

**Payment Arrangements:**

Charges for treatment are due at the time the service is provided. We do not bill insurance.

On your first visit a care plan will be developed for your treatment process.

Initial visit charges average from \$190 - \$245.

Follow up charges average from \$100 - \$150. Herbs & products are always extra.

This office accepts credit, debit, checks and cash to make current payments more convenient for you. If you are not able to pay this amount, you will be billed at a higher rate, similar to insurance. First payment will be then be at least 50%. A balance will be maintained. You will be apprised of your balance on a weekly or monthly basis (your choice). Additional payments against the balance are welcome at any time but must occur at least monthly. Your balance is considered past due two months after your last treatment. An interest charge of 2% per month may be applied to any past due balance. If this arrangement becomes difficult for you, please discuss this with us so other arrangements can be made.

**Voluntary Termination of Care:**

You may choose to discontinue care, as originally discussed in your first treatment, at any time. Should you choose to suspend or terminate your care and treatment, any outstanding fees for professional services and products are immediately due and payable.

For this payment we accept only credit, debit or cash.

We hope this answers any questions you might have regarding your financial arrangements.

Again, WELCOME. We are always free to answer any questions you may have about your experiences and the care you receive at our clinic. Thank you for coming to us.

**I have read and agree to the above.**

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Sign: \_\_\_\_\_