

*Robin Stiritz*  
*LICENSED ACUPUNCTURIST*  
Westside Wellness Center  
222 Kenyon Street N.W. Olympia, WA 98502  
(360) 352-1868

**PATIENT RESPONSIBILITY**

As a patient you are responsible for knowing the details of your insurance plan. We advise all new patients to call their insurance providers to verify their acupuncture benefits as well as general information about co-pays/coinsurance and deductibles. If your insurance claims are rejected or charged against your deductible you will be responsible for the outstanding charges.

**CO-PAY/COINSURANCE**

If your insurance requires you to pay a co-pay or coinsurance for each visit, please be ready to pay that amount at the beginning or end of your session. **We accept cash or check only.**

**CANCELLATIONS**

We ask for a 24 hour notice of cancellation of your scheduled appointment. Failure to notify in advance will result in a **\$40.00** charge payable at your next scheduled appointment. We are aware that emergencies do come up that are excusable. We are trying to cut down on a very high rate of last minute cancels, which does not allow us to fit in someone else that has been waiting.

**NO SHOW**

Any no show for scheduled appointments will be charged **\$40.00** per occurrence. This cannot be billed to your insurance and will be due at the time of your next appointment.

**ILLNESS**

Please do not come to your appointment if you are sick. Please do call us first thing in the morning to cancel this appointment. We do not want to spread viruses or illnesses.

**THANK YOU** for helping us to become more efficient in insurance billing and scheduling.

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Signature of Patient

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Date