

**Alliance Wellness Center Inc./ Bend Community Acupuncture**  
740 NW Colorado Ave. Bend, OR 97701  
Phone 541 388-4822 Fax 541 388-4805

## **Our Office Policies**

Out of courtesy to other patients please keep noise levels down and speak in a 'library voice' while in the office. Turn off your cell phone prior to entering the clinic. Please do not wear perfumes, fragrances or any other strong scents.

We require a 24-hour notice to cancel an appointment. Patients who miss more than one appointment without giving 24 hours notice will be charged for the missed appointment. Call and let us know if you are going to be more than 10 minutes late. Unfortunately, we cannot guarantee that "latecomers" will receive full time for their treatment.

Snow cancellation policy: The Bend Unified School System must be closed or on 'snow delay' for it to be acceptable to cancel appointments at the last minute without being charged.

## **Our payment policies:**

We accept the following forms of payment: cash, check, credit, and debit cards. Full payment is due at the time that services are rendered, unless we are billing your insurance company, (Alliance Wellness Center only), or prior arrangements have been made. All co-pay amounts are due at the time of service. Please understand that you the client or other responsible party are liable for all charges and balances on your account. There will be a \$30.00 fee charged for all returned checks, plus the face value of the check.

## **Policies specific to Bend Community Acupuncture**

All treatments are performed in a community environment, which means that there are other people around who may be able to hear private information about you. Auditory privacy is not guaranteed in either our reception area or our treatment room. A private setting can and will be provided on an as needed basis. Please arrive early and inform your practitioner if you have something that needs to be discussed in private.

Due to the open treatment format of Bend Community Acupuncture, we ask and will insist that all conversations be in a low voice. Please be aware of the need for quiet while in the clinic.

Clients who do not call and are more than 10 minutes late will have to re-schedule their appointments.

These Policies are subject to change. Any changes made will be posted at our front desk.

I have read, or have had read to me, the above 'policies'. I have also had an opportunity to ask questions about their content and by signing below I am agreeing to the above listed policies. I intend for these policies to be in effect during all of my present and future treatments at Alliance Wellness Center / Bend Community Acupuncture.

Patient's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Representative's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Relationship to patient: \_\_\_\_\_

We want you to know that your health is our primary concern and appreciate your support of these policies. By implementing and maintaining these policies it allows us to focus our attention on your health care needs. It is with this in mind that we are constantly striving to find ways to better serve you. Thank you for choosing Alliance Wellness Center / Bend Community Acupuncture.