



Lifecare Acupuncture

Valerie Lee – Acupuncturist

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Terms and Conditions of Services, Treatments, Procedures and Financial Agreement w/ Valerie Lee at Lifecare Acupuncture.

I consent to the following Services, Treatment and Procedures:

- Acupuncture
- Herbal therapy
- Aromatherapy
- Other Oriental Medical Procedures including Diagnostic Techniques
 - Questioning
 - Pulse evaluation
 - Palpation on varieties of areas of the body
 - Observation
 - Range of motion
 - Muscle and Orthopedic testing
 - Modes of manual physical therapy such as massage
 - Electrical and/or magnetic stimulation

Other Oriental Medical Procedures Cont.

- Viscera
- Manipulation of joints
- Prescription herbal and homeopathic medicines
- Heat and/or cold therapy
- Dietary Supplements
- Dietary recommendations
- Exercise
- Discussion and advice regarding thoughts, feelings, sensations, emotions and attitudes
- Healthy style counseling

I understand that no guarantees concerning its use and effects are given to me and that I am free to stop acupuncture treatment at any time, with Valerie Lee at Lifecare Acupuncture.

Financial Agreement:

I am responsible for the above Services, Treatments and Procedures, but not limited to the mentioned above. I understand that even if I have insurance, I may be financially responsible for some or all of services, treatments and/or procedures provided by Valerie Lee at Lifecare Acupuncture. For instance, if I have a copay or deductible, I agree to pay the amounts I owe. If my insurance does not cover the services that I receive, I agree to pay the balance or fees not covered by the insurance to Valerie Lee at Lifecare Acupuncture. I understand that I am financially responsible for charges not paid pursuant to this agreement, by my Insurance Provider. I also agree to pay for other professional services provided by Valerie Lee at Lifecare Acupuncture. I also understand that when this agreement is signed by myself or my spouse/partner and/or insurance subscriber/financial guarantor, that we are jointly or individually liable for any payments, including collection fees (attorneys' fees, cost and collection expenses), in addition to any other amounts due. Unpaid accounts referred to outside agencies for collection bear interest at the current legal rate.

Assignment of Benefits:

I authorize and direct payments to Valerie Lee at Lifecare Acupuncture of any insurance benefits including, but not limited to unemployment compensation disability benefits otherwise payable to or on my behalf for Valerie Lee at Lifecare Acupuncture services, treatments and procedures. I understand that I am financially responsible for charges not paid pursuant to this agreement and further agree that any credit balance from payment of insurance or other sources may be applied to any other account owed to Valerie Lee at Lifecare Acupuncture.

By signing this consent form, I acknowledge that I have read or it has been read to me and fully understand the Terms and Condition of Services, Treatments and Procedures and Financial Agreement along with the Assignment of Benefits.

I agree to accept financial responsibilities for services, treatments and procedures rendered by Valerie Lee at Lifecare Acupuncture.

Signature

Date Signed

Printed Name