



## **FINANCIAL POLICY**

Patient Name: \_\_\_\_\_

**PAYMENT:** Due at time of service

\_\_\_\_\_

(PLEASE INITIAL ABOVE)

**PAYMENT ARRANGEMENTS:** Must be made and approved in advance of services

\_\_\_\_\_

(PLEASE INITIAL ABOVE)

**MISSED/CANCELLED APPOINTMENTS:** 24-hour notice to cancel must be provided via phone or text (240.718.8332) or email (thriveacuwellness@gmail.com). Missed appointments and appointments cancelled with less than 24-hour notice will be charged the full amount of the visit. (If you have an emergency, please let us know.)

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(PLEASE INITIAL ABOVE)

PRODUCT PURCHASES: Products purchased from or ordered through Thrive Acupuncture and Wellness must be paid for at the point of sale / order. All sales will be subject to applicable taxes.

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(PLEASE INITIAL ABOVE)

**Preferred forms of payment** for services and products include cash, check, and money transfer apps Venmo and Zelle.

Credit cards, H.F.A. and F.S.A. are also accepted.

I have read and initialed each section of the Financial Policy. My signature below indicates my full understanding of the above-mentioned terms. A copy of this signed acceptance is available upon request.

Patient's Printed Name: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_