



### Financial Agreement

**Lateness Policy**

If the patient arrives late for an appointment, treatment time may be shortened or the patient may be required to pay an additional room rental fee if the patient’s lateness results in treatment going over the scheduled time. If the patient is more than 20 minutes late, Eastern Scholar Healing may refuse to offer treatment and charge the patient a missed appointment fee.

**Cancellation Policy**

Cancellations and changes to appointments must be made at least 24 hours before the scheduled appointment. The patient will be required to pay a missed appointment fee for any missed appointments or non-emergency late cancellations.

**Payment Policy**

The patient guarantees payment of all charges incurred in connection with treatment in accordance with the rates and terms of Eastern Scholar Healing. Insurance is not accepted unless coverage is confirmed in advance. There will be a fee for returned checks equal to the fee charged by our bank.

A current schedule of the fees described in this agreement (“Fee Schedule”) is available at the office and upon request. Such fees are subject to change and the Fee Schedule will be updated to reflect any changes.

I, \_\_\_\_\_ Print Patient’s Legal Name \_\_\_\_\_, acknowledge I am responsible for all charges outlined above and in other executed payment agreements with Judy Tom, L.Ac. or Eastern Scholar Healing. I agree that, if permissible by law, I will reimburse Judy Tom, L.Ac. and Eastern Scholar Healing for all costs, expenses and attorney’s fees that may be incurred by them to collect any such charges.

I hereby authorize Judy Tom, L.Ac. and Eastern Scholar Healing to charge my credit card listed below for charges described above for which I am responsible.

By signing this Financial Agreement, I acknowledge my understanding of and agreement to the policies, terms and charges described above.

\_\_\_\_\_  
Signature of Patient (or Patient’s Representative) Date

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (on back of the card): \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip