

# Soma Wellness

## Consent for Treatment

I consent to receive Acupuncture and other treatments that are within the scope of the practice of Acupuncture in the State of Alaska. I understand that licensed Acupuncturist's are not primary care providers. I understand that Acupuncture is able to treat a vast number of conditions but is not a substitute for regular medical exams by an MD, ND, DO, ANP or PA. If a serious health problem arises I will inform my acupuncturist as soon as possible.

Acupuncture has the effect to normalize the physiological functions, to modify the perception of pain, and to treat certain diseases or dysfunctions of the body. Acupuncture is a safe method of treatment, utilizing only sterile, disposable needles. As with any procedure there can be side effects. Sometimes people experience euphoria, lightheadedness and dizziness. Occasionally there may be bruising from the acupuncture needles, gua sha or cupping. Your acupuncturist will explain all procedures to you prior to being performed. The herbs and nutritional supplements (from plant, mineral and animal sources) that may be recommended are traditionally considered to be safe in the practice of Oriental Medicine. If I have a history of serious allergic reaction to foods, insects or other substances, I will be sure it is noted on the medical history form, and I will also verbally inform the practitioner. I understand that some herbs may be inappropriate during pregnancy. I will inform the acupuncturist if I am currently or become pregnant. Possible side effects of taking herbs are usually gastrointestinal in nature, nausea, diarrhea, more rarely, rashes hives and tingling of the tongue. Stopping the herbal formula usually alleviates problems. Please, be sure to let the practitioner know if any adverse reaction or side effect develops.

I understand that methods of treatment may include, but are not limited to acupuncture and herbal medicine. Properly administered acupuncture and herbal medicine is safe and generally very effective. I understand that results are not guaranteed. I understand the office, medical and administrative staff may review my medical records, but all my records will be kept confidential and will not be released without my written consent.

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Signature of patient

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Date

### Patient Notice of Billing Practice and Office Policy

Services provided at Soma Wellness are payable at the time of service.

- We accept: Cash, Visa, Mastercard, Discovery and Personal Checks.
- Insurance is billed as a courtesy for our patients (in most case), this arrangement is accepted, after the deductible is met for the year. Your co-payment is due at time of services.

#### Private Insurance

Billing is a service provided to the client as a courtesy. We allow a 60-day grace period for your insurance to respond to our claims. If the insurance does not respond within 60 days, the full balance is due and payment is required. Most insurance policies do not cover herbal medicines and supplements. Our preference is to **ALWAYS** work with our patients directly, however, we reserve the right to forward any balances that remain unpaid to a collection service and you may be assessed additional fees that are in addition to your clinic charges. Should you have a question regarding a collection balance due, we will direct you to the collection service representative for resolution.

#### Cancellation and Missed Appointment Policy

Please notify the clinic at least 24 hours in advance if you are unable to make your appointment. If no notification is given within 24 hours you will be charged \$ 75.00.

I have read the above and understand my financial responsibility to Soma Wellness. If I have additional questions I will ask to speak to someone prior to my appointment.

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Patient or Guardian Signature

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Date