



Your Personal Healing Journey Begins Here
33919 Plymouth Rd. Livonia MI 48150
734.469.9149 | contact@luckyflow.com

PATIENT POLICIES

It is our wish that each and every one of our patients receive the very best care and service possible. **Your Care Plan Program** consists of a specific series of treatments given over a pre-planned time span. If you do not follow this plan, then you will not receive the desired result. If we did not insist that you meet all your appointments, we would be doing you a disservice and it would be indicative that we did not care. We do not want to do you a disservice and we do care about you and the success of your program here. Therefore, we have a few simple rules that we insist you follow:

1. DO YOUR BEST KEEP ALL YOUR APPOINTMENTS. Arrange the activities in your life so that this can occur. Schedule your life around your health, and not the other way around. If you aren't here, we can't help you.

- A. To hold your preferred treatment time, we request that **all appointments MUST be made at least 1-2 weeks in advance.** This will save you and the clinic time and eliminate waiting.
- B. If you are unable to make it to your appointment, please call us and let us know so we can reschedule your appointment (24 hours in advance to avoid a late fee).
- C. **All missed appointments must be rescheduled and made up within one week**, in order to maintain your healing process. Your results are based on the number of kept appointments per week.
- D. If cancellations are not made less than 12 hours prior, the appointment will be charged as full.
- E. If cancellations are made between 12-24 hours prior, there will be a \$25 cancellation fee.
- F. For patients who arrive late, the appointment will end at the same time to allow cleaning for the next patient.
- G. If you are able to make up the cancelled appointment on the same day it was originally scheduled, we will wave the penalty.

2. CLINIC PROCEDURES

- A) Please arrive **five minutes before** your designated time to sign in. Once your sign-in is complete, you may use the restroom or get a drink of water before we begin. Once you're in the treatment room, place your belongings in the **bin** on the floor. Help yourself with hand sanitizer while you wait for the acupuncturist.

B) Feel free to communicate with our Clinic Assistants if you have special requests such as customizing the ambient sounds or if you have to be out by a certain time.

C) We have added aroma-therapy to our rooms. We will have an essential oil diffuser running in each room, please let us know if you would like yours turned off for any reason.

D) A heat lamp will be in each room for your comfort, please specify to your acupuncturist whether you would like the heat lamp placed on your mid-section or your feet.

3. OFFICE ETIQUETTE. We ask that you turn off or silent your cell phone and keep your voice low during treatment to avoid disturbing other patients. You are welcome to bring your own music as long as it helps you relax.

4. NO PERFUMES, COLOGNES, and SCENTED LOTIONS. Please do not wear perfumes, colognes, and scented lotions to your treatment. Many of the patients have severe allergies and are very sensitive to different types of perfumes, colognes and scented lotions. Please be considerate of others, as these fragrances tend to linger in the air even after you've left our office.

5. AS FAR AS FINANCES ARE CONCERNED, if this was not already discussed, we wish to avoid any upsets by working out a payment program in advance. We have found it to be a waste of your time to have you make a payment each time you come in. To save you time we recommend payment in advance, which can be done with one payment or by the month. This will be discussed and worked out to your satisfaction.

Patient (Print Name): _____ **Date:** _____

Patient Signature: _____



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Financial Policy Agreement

Will acupuncture work for me? We only accept patients that we think that we can help. Our patients enjoy more than an 90% positive outcome rate through regular visits and our highly effective treatment strategies. We are confident that we may be able to help you.

Your Commitment: In this system of medicine each treatment builds on the previous one. Optimal results are achieved when a patient follows the suggested treatment plan. Understand that acupuncture is a therapeutic process, not magic. Please commit to the treatment plan that has been prescribed by your Acupuncture Physician. Patients who drop out of care before having a chance to receive the benefits acupuncture can offer usually are not highly satisfied. Continue with your prescribed treatment plan to achieve a new level of health. If you choose to discontinue treatment and receive, a re-exam appointment must be made to discharge from our care.

► **Appointments:**

- **If cancellations are not made more than 12 hours prior, the appointment will be charged as full.**
- **If cancellations are made between 12-24 hours, there will be a \$25 cancellation fee. ● For patients who arrive late, the appointment will end at the same time to allow cleaning and the next patient.**
- **(1 emergency forgiveness for every 3 months applies)**

Patient Initial _____

► **Payment:**

- **Payment is accepted in the form of cash, check, Visa, Mastercard, AMEX and Discover is due at time of service.**
- **Any unused portion of pre-pay plans are Refundable within ONE YEAR of purchase. Prepay discounts are contingent on completion of treatment plans.**

- Please be aware that if you are on a payment plan, we are unable to cancel the recurring charge until the payment goes through. After we receive the payment on our end, you will be reimbursed accordingly.
- If the Care Plan is unfinished. We will refund the amount you did not use discounting each visit at the regular rate.
- There will be a \$20 fee for any returned checks.

Patient Initial _____

► Insurance:

- We issue Super Bills for patients to self-bill their insurance providers. Herbs and Supplements are not refundable.

I have read and agree with the above policies. I agree to the release of medical and billing information necessary for treatment, payment, and healthcare operations. I assign benefits payable to Lucky Flow Acupuncture.

Patient (Print Name): _____ Date: _____

Patient Signature: _____

Office Signature: _____ Date: _____

GUANTONG LI, LLC DBA Lucky Flow Acupuncture