

Golden Acupuncturist™
156 William Street Suite 800 NY NY 10038
Telephone 917-701-7582

Authorization and Release

I authorize the release of any information including the diagnosis and the records of any treatments or examination rendered to me or my dependents during the period of such care to third party payers and other healthcare practitioners.

I authorize payment of medical benefits directly to Golden Acupuncturist™, and I understand that I will be responsible for payment of all services rendered. In the event that I belong to an HMO/Managed Care Program which Kelley Mondesire', DAOM, AP, L.Ac. participates. I agree to be responsible for securing the necessary referrals and payment of any non-covered out-of-pocket expenses outlined by my policy.

**"NO SHOW/LATE CANCELLATION" AND "LATE FOR YOUR APPOINTMENT"
POLICY**

Golden Acupuncturist™ charges a \$200 no-show/late cancellation fee. We define a NO-SHOW as a patient who does not appear for a scheduled appointment, or is more than 15 minutes late for their appointment time. We define a LATE CANCELLATION as a patient who does not give us 24 hour notice of cancellation.

IMPORTANT NOTE: Monday appointment cancellation must be called in by **3:30pm on the Friday before** your appointment. **The fee is your responsibility and will not be paid by your insurance company. It must be paid in full before your next appointment can be given.**

We advise you to consider the importance of attending your scheduled treatment. Please help us to give you and all of our patients the best treatment possible.

I have read and understand the "No Show/Late Cancellation" and "Late For Your Appointment" policy.

Signature

Date

(print name)

(office signature)