

MRN: \_\_\_\_\_

## **Integrative Medicine – Notice of Appointment and Cancellation Policy**

### **Acupuncture and Naturopathic Medicine**

A credit card is required to book all appointments for the above listed modalities. All credit card information is kept in a secured encrypted system. 24-hour notice is required to cancel appointments. Failure to provide 24-hour notice, and instances of no-shows, will result in a charge of 50% of the cost of the visit.

### **Specialty Laboratory Testing**

You may receive a recommendation for specialty testing. These tests may NOT be covered by insurance. Integrative medicine medical staff will provide you with the costs associated with these tests.

### **Payment Options**

Payment is expected at the time of service. Corewell Health Integrative Medicine accepts cash, check, Visa, Mastercard, American Express and Discover.

I agree to abide by the above integrative medicine policies. I authorize the use of my credit card on file per the above policy.

Print Name \_\_\_\_\_

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Patient/Patient Representative Signature

Date

MRN: \_\_\_\_\_

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### **Physician Consultations**

All physician consultation cancellations require 48-hour notice. Patients that are more than 15 minutes late for a scheduled appointment are also considered to have missed their appointment, though they may be worked into the schedule at the discretion of the provider.

If a patient has two or more occurrences of late cancel/no-show, the patient may be discharged from the practice at the discretion of the physician.

### **Self-Pay Patients**

A credit card is required to book all appointments. All credit card information is kept in a secured encrypted system. 48-hour notice is required to cancel appointments. If an appointment is cancelled less than 48-hours or a patient “no-shows” for an appointment, 50% of the appointment cost will be charged to the credit card.

### **Specialty Laboratory Testing**

You may receive a recommendation for specialty testing. These tests may NOT be covered by insurance. Integrative medicine medical staff will provide you with the costs associated with these tests.

### **Payment Options**

Payment is expected at the time of service. Corewell Health’s Integrative medicine accepts cash, check, Visa, Mastercard, American Express and Discover.

I agree to abide by the above integrative medicine physician policies. I authorize the use of my credit card on file per the above policy.

Print Name \_\_\_\_\_

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Patient/Patient Representative Signature

Date