

**Susan Ko, L.Ac. & Sung Kim, L.Ac.**  
**Appointment and Financial Policy**

Welcome to the office of Susan Ko, L.Ac. & Sung Kim, L.Ac. We are delighted to have you as a new patient and look forward to providing you with the highest quality care. In order to optimize our relationship, please take a minute to carefully read our appointment and financial policy.

**Appointment Policy**

Many patients are surprised to find that we are usually on time. This is because your treatment time has been reserved for you. Most medical offices do not reserve time for each individual, but instead appoint several patients near the same time. That type of scheduling provides the practitioner a steady flow of patients for treatment, but does not respect the patient's time.

Our time and expertise are what you essentially pay for. Occasionally there is a problem with patients who are not used to keeping on schedule themselves. Patients who are late may not be seen that day. If you expect to be more than 15 minutes late, please call to confirm availability.

A 24 hour notice for canceled or rescheduled appointments (Sunday excluded) is required or your standard treatment fee may be assessed. This allows us time to schedule and care for another patient.

**Financial Policy**

Thank you for choosing Susan Ko, L.Ac. & Sung Kim, L.Ac. for your health care needs. We are committed to improving your health by providing comprehensive health care. While our intention is to assist you, it is your responsibility to ensure that all services rendered by Susan Ko, L.Ac. & Sung Kim, L.Ac. on your behalf are paid in full. In order to understand our Financial Policy, we have listed below our financial requirements.

**Patients Without Insurance Coverage**

Payment at the time of service is required. Cash, check, Visa, and MasterCard are accepted as payment options.

**Patients With Insurance Coverage**

Payment at the time of service is required. Cash, check, Visa, and MasterCard are accepted as payment options. We will then provide you with an invoice to submit to your insurance company for direct reimbursement to you.

*Any questions I have concerning my appointments have been answered. I have read this statement and fully understand it.*

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Signature of patient or patient's personal representative

Date

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Printed name of patient or personal representative

Relationship to Patient