

## Branches of Wellness Acupuncture Inc.

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[www.branchesofwellnessacupuncture.com](http://www.branchesofwellnessacupuncture.com)

### **CANCELLATION POLICY AND PATIENT PAYMENT RESPONSIBILITY**

I am very glad you chose me to assist you in achieving better body health and vibrancy. Your satisfaction is my primary concern, and I will strive to provide you with consistent excellent healthcare.

I value your time and appreciate you showing value for mine as well. I realize that sometimes emergencies arise, and cancelling an appointment might be necessary. I do, however, **require 24 hours notice for cancellations**. Your scheduled treatment time has been reserved for you, so cancellations without prior notice leave unnecessary gaps that could have been filled by other patients. If you miss an appointment, or cancel with less than 24 hours notice, you will be **billed for your full scheduled treatment cost**.

I agree that I am financially responsible for services rendered from Jenny Dull, L.Ac., regardless if health insurance does not pay.

I have read and understand my responsibility to pay for my services in this office.

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*Signature*

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*Date*

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*PRINTED NAME*

