

Maui Acupuncture and Healing LLC

Please be advised of our office policies. Your signature below confirms acceptance of these policies.

Cancellations

A 24-hour notice is required for all cancellations of an appointment, or you will be charged in full for the appointment. Payment is due before your next appointment.

Tardiness

Appointment times are as scheduled and cannot be extended beyond the agreed upon time to accommodate late arrivals. Please be on time to your appointments.

Financial Responsibility

Out of pocket payments are due at the time of your visit.
For insurance coverage, once your insurance is verified, we will bill and accept payment from your insurance for covered services. In the event that the insurance company denies payment or makes partial payment, you are responsible for the balance, deductibles and co-pays.

Signature: _____

Date: _____