

Epicenter Wellness, LLC

Justin Jaucian, MS, L.Ac

2 Clerico Lane, # 220B Hillsborough, NJ 08844

epicenterwellness.com

We are glad that you have trusted us at Epicenter Wellness, LLC (hereafter, "The Practice") with your most precious resource --your health. Before starting treatment, it's important that you are familiar with office policies so that we establish and maintain a relationship based on mutual respect and understanding. By signing below, you acknowledge and agree to all terms.

Office Policies

Payment in full is required prior to your appointment. Payment can be made via invoice emailed to you, over the phone, or using credit card information securely stored on file.

The Practice is not in network with any insurance carriers. For your convenience, The Practice can verify whether you have out-of-network insurance benefits. You are responsible for any amounts not covered by your insurance policy.

The Practice is committed to keeping its services accessible to all. In cases where the usual and customary rates are prohibitively expensive, The Practice provides an adjusted rate option with the completion of a statement of financial hardship

The Practice maintains a 24-hour cancellation policy. Kindly notify us within the 24-hour window in the event you will be unable to keep your appointment. Failure to honor this policy, either by no-show or by cancelling less than 24 hours prior to your appointment, may be subject to a no-show/cancellation fee (NCF) of \$65 which must be paid in full prior to rebooking.

Your payment guarantees our agreed-upon date and time. Refunds requested outside the 24-hour window are subject to an administrative fee (AF) of \$20 which will be charged to your stored credit/debit card on file or deducted from the original payment amount. This AF must be paid in full prior to rebooking.

It is important that you arrive on time for your appointment. Your booked appointment is a block of time which The Practice has committed to your care. Late arrival will likely result in shortened treatment.

These office policies may be updated without prior notice. Current versions supersede any and all previous versions.

Assignment of Benefits and Release

I authorize and assign directly to Epicenter Wellness, LLC and/or Justin Jaucian, L.Ac the payment of all medical benefits for acupuncture services provided to me.

Furthermore, I authorize Epicenter Wellness, LLC and/or Justin Jaucian, L.Ac to release any medical information to my insurance company that is necessary to process my insurance claims as applicable.

I understand that I am responsible for all charges not covered by this assignment of insurance benefits.

Your signature below indicates that you have read, understand, and agree to the above terms/conditions. We look forward to being a part of your health and wellness team!

Print name: _____ Date: _____

Signature: _____

Witness/Guardian (for minors): _____