

# ACUPUNCTURE MEDICINE AND NUTRITIONAL WELLNESS CENTER

1 CINNAMINSON AVE PALMYRA, NJ 08065 856.499.2160



## Please Read and Sign

We are happy to support you on your healing journey and ask the following of you so that you have the best possible experience and outcome with your wellness program.

### Scheduling

- 1) When we schedule appointments, we block out time and therefore cannot fill that space. We ask that you consider our time blocked for appointments and change and reschedule appointments as soon as you become aware that you cannot make them. (Refer to our cancellation policy for more detailed information).

### Fragrance and Chemicals

- 2) Please **do not wear perfumes, lotions, body sprays or other chemical fragrances** at your appointment time, many of our patients and staff have sensitivities and/or allergies to these fragrances. **Some perfumes cause migraines to members of our staff & patients.**

### Nutrition Program

- 3) Healing is a journey, and there are ups and downs when this path is chosen. Issues will come up when clearing out pathogens and toxins. This is a crucial time not to give up as the body is healing. If anything comes up for you and you are not feeling well, call us and speak to one of our staff members. We may need to adjust your program to offset any symptoms that come up. Don't wait until your scheduled appointment if you need help sooner.

### Finances

- 4) We understand that every person's financial situation is unique, but please refrain from discussing personal financial matters with our staff. We are here to support you with holistic medicine, but are not able to offer financial advice or counseling.

**We thank you for being a part of our family practice & strive to offer you the best care possible!**

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

\*\*\*Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

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Revised Office Policy Effective 04/15/2024

## Read each line item and sign at the bottom

All scheduling is done by calling the office at 856-499-2160. If we do not receive a call, you will be charged for your appointments.

We need a **minimum of 24 hours notice** when canceling an appointment; all short notice & no call/no shows will be charged full price for each missed appointment regardless of the reason for canceling (i.e. Nutrition \$75, Acu \$90, PEMF \$60).

Note that if you have an appointment on a Monday, **you must cancel by 5pm** the previous Friday to avoid being charged for the missed appointment/s. **We cannot accept cancellations over the weekend, because we are closed.**

Understand that **if you are late to your appointment**, your appointment time will be cut short depending on how late you are. If you show up after your scheduled time, we will have to charge you for your appointment.

If you are scheduled for an appointment and **cannot make it due to extreme snow or ice**, we will have your appointment with you by phone (nutrition/functional medicine only) and do a remote test which is just as accurate as being in the office. All other services will be rescheduled.

**No refunds:** We do not accept refunds or returns on products, services or supplements.

Thank you for understanding our office policy.

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

\*\*\*Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

In Health and Wellness,  
The Nutritional Wellness Center Staff

## Credit Card Authorization Form

**This form authorizes the use of the following credit card for services & purchases at the Nutritional Wellness Center of South Jersey.**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Credit Card Information Card Type:  MasterCard  VISA  Discover  AMEX

Other \_\_\_\_\_

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_ cvv code \_\_\_\_\_

Cardholder ZIP Code (from credit card billing address): \_\_\_\_\_

I, \_\_\_\_\_, authorize the Nutritional Wellness Center to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_