

**Acupuncture & Herb Center
Marlene Klein, L.Ac.
1310 Prentice Drive, Suite E
Healdsburg CA 95448
707-431-2528**

Office Policy

Acupuncture Treatments:	<u>2020</u>
• Initial Acupuncture visit, complete history, exam and treatment 1.5 hours	\$160.00
• Subsequent treatment, acupuncture	\$ 90.00
• Cupping (additional charge)	\$ 20.00
• Moxibustion(additional charge)	\$ 20.00
• Microcurrent therapy (additional charge)	\$ 30.00

Facial Rejuvenation Sessions (ElectroLight):

*Ask me about special offers on Facial Rejuvenation Sessions.

• Initial Facial Rejuvenation Session, 1.5 hours (includes “The Works”)	\$160.00
• “The Works” Facial Rejuvenation Session, approx. 75 minutes (Skin care gel, mask, renewal serum, facial massage, neck wands rejuvenation and foot rub)	\$135.00
• “Regular” Facial Rejuvenation Session, approx. 60 minutes (Same as “The Works” without the mask)	\$110.00
• “Regular” Facial plus Acupuncture	\$190.00
• “The Works” plus Acupuncture	\$215.00
• <u>Herbal formulas, tinctures, supplements and lab tests are charged separately.</u>	

Payment is expected at the time of your visit, unless other arrangements have been made in advance. Cash, checks, money orders or credit cards are accepted. **Cash payments receive a discount.**

CANCELLATION AND LATE ARRIVAL

Time is reserved for you. I require a 24-hour notice of cancellation unless an absolute emergency arises. Full payment will be charged for any missed appointment or late cancel. If you arrive late for your appointment, you will receive a treatment within the time frame allowed. Appointments for Facial Rejuvenation require 48 hours notice of cancellation. If I am running late, you will still receive your full scheduled treatment. I tend to be on time, but circumstances can arise that cause me to run behind. Your patience is always appreciated.

REFERRALS

I truly appreciate your referrals of friends, family and people in need. In appreciation, you will receive a 20% discount on a service ,one time, for every person you refer to me who becomes a regular patient (receives at least four acupuncture or facial treatments).

I warmly welcome you, your family and friends to my practice. It is extremely important to me that we communicate with each other and build our relationship on trust and honesty. If there is ever a problem, please let me know so we can discuss it and work together. This will enable me to provide the best health care possible, thus allowing both of us to achieve the greatest benefit...**Your Good Health.**

With my signature below, I agree to all of the above terms and conditions.

Please Print Full Name

Signature

Date