

**Outermost Community Acupuncture** provides high quality acupuncture treatment at affordable rates in a supportive community setting. We practice a style of acupuncture which mostly uses “distal” points in the hands, feet and head to treat problems anywhere in the body – meaning we will probably treat pain in your back by placing tiny needles in your hands. Research in the United States (as well as thousands of years of tradition in Asia) has shown that acupuncture is most effective when it is done frequently and regularly – once a week is usually the minimum required to make progress on any kind of health problem.

### **Community Fee Structure:**

**There is a one-time \$10 paperwork fee with the first appointment.**  
**Acupuncture appointments are on a sliding scale of \$20-\$40 per treatment.**  
*You decide what you can afford. No questions asked.*

The purpose of our sliding scale is to separate the issues of money and treatment; we want you to come in often enough to really get better and stay better! We understand that everyone’s situation is different, and our primary goal is to make acupuncture available to you as often as you need it.

## **Outermost Community Acupuncture FINANCIAL AGREEMENT**

Outermost Community Acupuncture makes every attempt to make alternative health care, as acupuncture and Chinese medicine, available to as many people as possible, at the most affordable rates.

In respect for our intention to offer high quality health care at affordable prices, we ask for 24 hours notice in advance of an appointment if it is necessary to cancel or reschedule an appointment.

All appointments that are rescheduled or canceled with less than 24 hour advance notice, and appointments missed without notice, will be charged a \$20 fee. If appointments have been purchased in a package, the missed, canceled or rescheduled appointment will be deducted from the number of remaining appointments in that package.

Thank you for your understanding,

Outermost Community Acupuncture Staff

\_\_\_\_\_  
Print Name  
Person Authorized to Consent

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date