



# Harmony Community WELLNESS CENTER

**Harmony Community Wellness Center** 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 per 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 to \$40 per treatment.**

*You decide what you can afford.*

The purpose of the 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.

## Harmony Community Wellness Center

### Financial Agreement

Harmony Community Wellness Center makes every attempt to make alternative health care, such as acupuncture and Chinese medicine, available to as many people as possible, at the most affordable rates we can offer.

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 cancelled 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, cancelled or rescheduled appointment will be deducted from the number of remaining appointments in that package.

Thank you for your understanding,

Harmony Community Wellness Center Staff

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

\_\_\_\_\_  
Signature of Client/  
Person authorized to consent

\_\_\_\_\_  
Date