

WELCOME TO...

KHALSA INTEGRATIVE MEDICINE, LLC

Darshan S. Khalsa, L.Ac., D.O.M. • 11731 Bowman Green Drive • Reston, VA 20190 • 703-326-0817 • www.KhalsaMedicine.com

- ‡ **OFFICE HOURS and APPOINTMENTS:** Office hours are by appointment only and include evenings & Saturday availability. Late arrival for appointments may necessitate rescheduling if another patient's appointment time is impacted.

- ‡ **CANCELLATIONS:** Time has been reserved for your appointment. It is our policy to charge (\$25.00) for cancellations received with less than 24 hours notice except in cases of emergency.

- ‡ **FEES, INSURANCE, PAYMENT POLICIES:** Payment is due at the time of service. We do accept any insurance assignment at this time. We do provide a receipt with the appropriate codes for insurance claim. For your convenience we accept cash, personal checks with identification, Visa, MasterCard, and American Express.

- ‡ **ACUPUNCTURE CONSENT:** Acupuncture is performed by inserting needles through the skin, and may include the use of electrical stimulation or the application of heat. Certain adverse side effects may result from treatment and may include, but are not limited to slight bleeding, bruising and soreness at the insertion site. Fainting is rare but may occur if a patient is anxious, extremely fatigued or hungry. It is understood that there is no guarantee concerning the effect of the treatment provided and treatment may be discontinued at any time.

- ‡ **CONTINUITY OF CARE:** The goal of our practice is to assess all aspects of a patient's lifestyle and medical history in order to improve a patient's quality of life as efficiently as possible. We want you to value your experience and we want to be partners with you while you achieve maximum health and vitality. We believe total health comes from establishing a state of balance and harmony within—physically, emotionally and spiritually. We shall make every effort to explain procedures and to ease your care with us. Please do not hesitate to ask any questions should you be uncertain about anything discussed with you.

Thank You ... for your cooperation and for choosing our practice for your healthcare needs!

Patient Name (please print)

Patient Signature

Date