Stephanie Pavlik, O.M.D.

Acupuncture & Herbal Medicine 1701 County Road, Suite N Minden, NV 89423 775-400-1371

Cancellation Policy

We understand that life happens and schedules change. If you need to cancel your appointment, please do so a minimum of 24 hours in advance so that others needing a treatment can take advantage of an opening.

If you are unable to make it to a scheduled appointment, 24 hours notice is required and failure to do so will result in a \$85 missed appointment fee. This fee may be waved in the case of an emergency. This fee is not covered by your insurance and is your responsibility. There is a charge of \$85 for all no-show appointments. If you have a prepaid package, the missed appointment or no-show fee will be taken from that package.

By signing below, you acknowledg	e that you have read and ur	nderstand our Cancellation Policy
Patient/Guardian Name (print)	Signature	Date
	Payment Policy	
Payment in full is due at the time of	f service.	
We currently do not accept insuran	ce and do not provide super	rbills.
We accept checks, however if your \$40 fee by our office.	check is returned to us by	your bank you will be charged a
By signing below, you acknowledg	e that you have read and ur	nderstand our Payment Policy.
Patient/Guardian Name (print)	Signature	Date