

KenkoDo Office Policies and Procedures

735 Broadway
Somerville, MA 02144
617.666.0143



General Policies:

- Payment for each appointment is required at the time of your visit.
- All contact information will be kept confidential, and may only be used for contact purposes, unless expressed consent is given.
- Return checks will incur a \$25.00 fee, due and payable immediately.
- Chinese Herbal prescriptions must be paid for in full when picking up the herbs. This cost is separate from your appointment fee. Chinese Herbal Medicine prescriptions and patents are non-refundable.

Cancellation Policy:

- 24-hour notice is required to cancel an appointment. A 24-hour voicemail system is available and will record your message with a date and timestamp.
- Patients who do not call to notify the clinic within the required 24 hours may be responsible for the full appointment fee.

Late Policy:

- If patients are late, they may still receive a treatment, but only within the allotted timeframe and at the original fee of the scheduled visit.

Walk-in Policy:

- We accept walk-in appointments within our regular business hours of Tuesday-Friday, 9am-8pm, and Saturday 9am-5pm, with the last appointment starting at 7pm.
- If patients walk in for an appointment and the practitioners are booked, they are expected to wait until a practitioner and a room is available for treatment. Patients are also welcome to walk in to schedule an appointment for later that day and return accordingly.

Series Purchase Policy:

- KenkoDo may offer a series of treatments to you at a discount. Purchase of this series must be paid, in full, at the start of the series.
- The series of treatments must be completed within 8 weeks, no exceptions. Should you not complete all appointments within 8 weeks, you will lose the value of the discount and the full price will be applied. Any balance may be used towards future appointments.

We reserve the right to dismiss patients for inappropriate conduct, non- or late payment of fees, medical reasons, safety concerns and other reasons as determined by the practitioners and/or business owner. If dismissal is warranted, we will provide a list of recommendations for referral of care at no cost to patients.

Acknowledgment of Review of Notice of Information Policies and Procedures

I have reviewed and understood KenkoDo Office Policies and Procedures handout. I understand that paper copies of the Notice are available for my files and I may request a copy at any time.

I have reviewed, understood, and agree to abide with the office policies and procedures stated above.

Patient Name (printed): _____

Signature: _____ Date: _____
(Patient or Guardian)