**MedVed Integrative Medicine and Acupuncture Clinic**

**10951 SORRENTO VALLEY RD 1-d san diego ca 92121 phone:** 619-354-0455

**Acupuncture • auricular acupuncture • Cuppung/ massage • REIKI • electric acupuncture** **• herbs** **• IASTM • TUI NA**

**FINANCIAL AGREEMENT/ASSIGNMENT OF BENEFITS**

I, (print full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am receiving or about to receive health care services in MedVed Integrative Medicine and Acupuncture Clinic.

I understand that I am responsible to pay all fees when services are rendered, including herbs, etc.

*By signing below, I agree to comply with the office policies stated above which I have read and understood. I also authorize the use of this signature on all insurance submissions.*

Image result for red arrow right Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_