

HEALTHY LIVING ACUPUNCTURE

AND WELLNESS

WELLNESS FEES AND PRE-PAYMENT OPTIONS

WE OFFER PRE-PAYMENT PLANS AT A DISCOUNT BECAUSE THEY INVOLVE LESS PAPERWORK, WHICH MEANS THAT A BILL OR STATEMENT WILL NOT BE SUBMITTED TO YOUR INSURANCE COMPANY OR A THIRD PARTY PAYOR.

IF NEEDED, A RECEIPT WILL BE PROVIDED FOR YOU TO SUBMIT TO YOUR HEALTH SAVINGS ACCOUNT (H.S.A.) OR FLEX-SPEND ACCOUNT.

INITIAL VISIT \$120.00 PER OFFICE VISIT \$80.00

PRE-PAYMENT PLANS AVAILABLE AFTER INITIAL VISIT.

6 TREATMENTS	\$70.00 PER TREATMENT	\$420.00
12 TREATMENTS	\$65.00 PER TREATMENT	\$780.00

ALL PLANS INCLUDE MODALITIES, ACUPUNCTURE TREATMENT, AND NUTRITIONAL COUNSELING.

WE DO NOT PERMIT SHARED PACKAGES.

IF YOU OR YOUR DOCTOR DECIDE TO DISCONTINUE CARE PRIOR TO COMPLETING VISITS PAID FOR AS PART OF YOUR PRE-PAYMENT PLAN, A REFUND WILL BE GIVEN. THE REFUND WILL BE AT PRO-RATED BASED ON THE VISITS USED AT OUR "PAYMENT AT TIME OF SERVICE RATE."

YOUR APPOINTMENT TIME IS RESERVED SPECIFICALLY FOR YOU.
IN THE EVENT OF A MISSED APPOINTMENT OR AN APPOINTMENT CANCELLED WITH LESS THAN 24 HOURS NOTICE, YOU MAY BE CHARGED A \$35 FEE. INSURANCE WILL NOT PAY FOR A MISSED APPOINTMENT.

TO BE FAIR TO OUR OTHER PATIENTS PLEASE BE ON TIME FOR YOUR APPOINTMENT.
YOU MAY BE DENIED YOUR TREATMENT IF YOU ARE MORE THAN 10 MINUTES LATE AND THE LATE FEES WILL APPLY.

I HAVE READ THIS PLAN AND AGREE TO THE TERMS STATED ON IT.

PATIENT NAME: _____ DATE: _____
SIGNATURE: _____

Effective: 6/20/2017