



**EFFECTIVE NOVEMBER 1ST 2020 PAYMENT SCHEDULE**

*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 \$125.00**

**PER OFFICE VISIT \$85.00**

**PRE-PAYMENT PLAN AVAILABLE AFTER INITIAL VISIT.**

6 TREATMENTS	\$75.00 PER TREATMENT	\$450.00
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*ALL PLANS INCLUDE MODALITIES, ACUPUNCTURE TREATMENT, AND NUTRITIONAL COUNSELING.*

*WE DO NOT PERMIT SHARED PACKAGES*

*ACTIVE PATIENTS MUST BE SEEN A MINIMUM OF TWICE YEARLY OR WILL BE CONSIDERED A NEW PATIENT WITH THE INITIAL VISIT FEE OF \$125.00*

*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."*

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*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.*

*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: 11/1/2020