

HEALTHY  LIVING  
ACUPUNCTURE  
AND WELLNESS

**EFFECTIVE FEBRUARY 1ST 2022 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 \$135.00 PER SINGLE OFFICE VISIT \$95.00

PRE-PAYMENT PLAN AVAILABLE AFTER INITIAL VISIT.

6 TREATMENTS	\$510.00	=\$85.00 PER TREATMENT
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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 ONCE YEARLY OR WILL BE CONSIDERED A NEW PATIENT WITH THE INITIAL VISIT FEE OF \$135.00.
- RE-EVALUATION WILL BE NEEDED IF YOU HAVE A NEW REASON FOR VISIT OR HAVE NOT BEEN SEEN IN SIX MONTHS WITH THE RE-EVALUATION FEE OF \$120.00.
- WE OFFER A SENIOR DISCOUNT AFTER INITIAL TREATMENT STARTING AT AGE 65 FOR \$85.00.
- 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 PRORATED BASED ON THE VISITS USED AT OUR "PAYMENT AT TIME OF SERVICE RATE."

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**NEW CANCELLATION POLICY**

**YOUR APPOINTMENT TIME IS RESERVED SPECIFICALLY FOR YOU.** Please give us a courtesy call within 48 hours (Monday-Friday) to cancel or reschedule your appointment for the next suitable date. We have a waiting list practice and we need to ensure that we can provide care within our available openings. Things come up however, we need to honor our time and yours.

**IN THE EVENT OF A MISSED APPOINTMENT OR AN APPOINTMENT CANCELED WITH LESS THAN 24 HOURS NOTICE MONDAY-FRIDAY(BUSINESS DAYS), YOU WILL BE CHARGED A \$45 FEE. When the fee is paid you will have the option of rescheduling or being put on a waiting list for the next available time/date.**

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: 2/1/2022