

Financial Policy

Thank you for choosing us as your alternative health care provider. As a new patient, you may not be aware of our policy regarding payment for services rendered. We have found that it is best to outline these policies in the beginning, thereby eliminating any misunderstandings. The following is a statement of our financial policy, which we require that you read, agree to, and sign prior to any treatment.

We require payment in full at the time of service. For your convenience, we accept cash, personal checks and some credit cards. Please understand that payment of your bill is considered part of your treatment.

We do not accept insurance, however if you bring in the paperwork we will sign it for **you** to submit to your insurance.

Extras:

Supplements & Essential Oils are not considered part of your treatment and there will be a separate charge for these.

Please Note: You WILL be charged ½ the fee of your treatment for the day of all missed appointments-without 24 hours advanced notice-NO EXCEPTIONS! All patients will be responsible for this charge. We respect your time so please respect ours.

In the event that collection of the fees for services becomes necessary, the signee agrees to pay all collection costs including attorney fees and court costs.

I have read, understood and agree to the above financial policy.

Patient Signature

Print Name

Co-responsible party

Print Name

Date