



## Payment Agreement

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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment Due

\_\_\_\_\_  
(initials) I understand that payment is due at the time of service and that I am financially responsible for all charges.

### Fee Schedule

\_\_\_\_\_  
(initials) I understand that the fee schedule for appointments following the first initial appointment (which is \$150) is as follows and includes time for questions, testing, allergen hold time, acupuncture, and other evaluation or treatment-related activities:

- \$50 per follow up visit
- \$80 motion sickness treatment (includes two treatments if needed)
- Prepaid Package Plan:
  - o \*25 Treatments - \$1,030 (\$41 per treatment...normally \$50)

### Penalty for Missed Appointment

\_\_\_\_\_  
(initials) I understand that a \$25 fee will be charged for a missed appointment or cancelled appointments with less than 24 hours advance notice. Exceptions for emergencies or extraordinary circumstances may be made at the discretion of the practitioner.

### Session Packages for Qualified Patients

\_\_\_\_\_  
(initials) I understand that prepaid package sessions may not be shared and are non-transferable.

By signing below, I, the undersigned, understand and agree to all above policies and statements.

Patient (or Parent/Guardian) Signature \_\_\_\_\_

Date \_\_\_\_\_