

**Acupuncture at PeacefulHeartRanch
Acupuncture at Bloom Health Physical Therapy**

by

Dr. (Shihan) Mary Bolz, Doctor of Acupuncture and Oriental Medicine

Fee and Payment Agreement for Acupuncture/Oriental Medical Care

- Initial history, physical exam, evaluation & acupuncture treatment: \$250.00
- Established Patient Acupuncture Treatment: \$95.00
- Double sided treatment: \$180.00
- Initial Evaluation Fee (If not receiving acupuncture): \$155.00
- Reevaluation fee for either herbs, acupuncture, nutritional advice, or other reasons (no acupuncture): \$55.00
- Dietary Recommendations Workup: \$95.00
- Cupping performed during acupuncture treatment: +\$15.00 Cupping only: \$75.00
- Moxibustion performed during acupuncture treatment: +\$25.00 Moxibustion only: \$75.00
- **Cost of herbs or other items are extra. Generally, herbs will cost \$70.00-\$90.00 per week, depending on the formula, could be less, could be more. The price varies according to each patient's individual TCM (Traditional Chinese Medicine) diagnosis, as all formulas are customized. The patient is responsible to pay for all customized formulas even if the patient must return to pick them up and even if the patient changes his/her attitude about taking them, once they are made. No refunds will be made for the whole herb formulas, herbal pills, supplements or acupuncture treatment under any circumstances.**
- \$45.00 service fee for returned checks or stopped-payment checks in addition to the original amount of the check.
- ***No Show and Failure to Cancel Scheduled Appointment 24 hours in advance: The patient/responsible party is responsible for the full treatment fee for the missed appointment and agrees to pay it.***

Consultations and treatments are paid for at the time of the visit. Accepted forms of payment are check, cash, PayPal. **We also reserve the right to change the fees at any time without notice.** The undersigned/patient/responsible party understands that there may be times of waiting for an appointment due to the acupuncturist being with other patients. The acupuncturist is doing her very best to treat, honor, and respect each patient's problems and time. (Wait times are not usually greater than 30 minutes, although longer may occur.)

I, the undersigned, have read and understand the fee schedule and financial policies and financial obligations to *Dr. Mary Bolz*. I understand that health and accident policies are an arrangement between me and the insurance company. I understand that all services rendered to me by *Dr. Mary Bolz* are charged directly to me and that I am personally responsible for such charges. I understand and agree to the above terms.

Signature of Person Responsible for Payment

Date

Print Name of Person Responsible for Payment

Signature of Patient (If different from person responsible for payment)

Print Name of Patient (If different from person responsible for payment)