



Chinese Medicine
CAPE CORAL ACUPUNCTURE CLINIC

Financial POLICY / DISCLOSURE

Thank you for choosing us as your healthcare provider. We are committed to your treatment being successful. An understanding of our financial policy is a very important part of your care.

Disclosure:

I understand that as a patient of the clinic that I am ultimately responsible for any and all fees incurred as a result of treatment and services rendered.

For your convenience we accept cash, checks, Visa, MasterCard, American Express and Discover Card.

FREE SCHEDULE:

Initial Consultation with Treatment.....	\$125.00
Acupuncture Treatment (individual).....	\$85.00
Eight (8) Treatments (pre-pay).....	\$500.00
Home Visit.....	\$125.00
Eight (8) Home Treatments (pre-pay).....	\$800.00
Single AIT Injection.....	\$45.00
Series of Eight (8) AIT Injections (pre-pay).....	\$240.00
Blood Nutrition Analysis:.....	\$177.00

I have read and understand the **DISCLOSURE / FINANCIAL POLICY:**

Patient Signature: _____

Date: _____

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239-989-9892