

Third Space Wellness, LLC

ACKNOWLEDGEMENT OF FEES FOR ONE-ON-ONE SERVICES

I have read and understand this form in its entirety and acknowledge that fees for services have been explained to me. I have had the opportunity to ask questions regarding the fees, this form, and have received satisfactory explanations. I understand that I can request more information at any time if desired. I understand that I will be notified at least 30 days in advance if fees have been changed. I understand that I have the right to refuse or discontinue any treatment or services at any time. I hereby agree to pay the fees for service at the time of service or as billed.

Any adjustments to the fees below reflect an agreement between yourself and the practitioner or teacher and will be outlined for future reference in your file and/or in our accounting system.

One-on-One Sessions - 90-Minute Treatments	\$139.00
Acupuncture Intake*	
Massage	
Nutrition Intake	
One-on-One Sessions - 60-Minute Treatments	\$79.00
Acupuncture Follow-Up*	
Massage	
Private Yoga	
Nutrition Follow-Up	
Wellness Consultation	

**Time of Service Discount*

Cancellation Policy: Requests to cancel or adjust appointment times must be made 24 hours or earlier in advance. Late cancellations and missed appointments will be charged a fee of \$79 barring emergency circumstances.

Records Request: You may receive one free copy of each of your records annually. All other requests for copies of records will acquire a \$25 fee per record (this includes requests from insurance companies, lawyers, medical facilities or otherwise made on your behalf).

Insurance for ACUPUNCTURE—Read Carefully: Please review your policy or call your insurance company to determine your benefits. Our staff will be glad to assist you if you have difficulty in determining the exact nature of your benefits. All calls to insurance companies are a “**quote of benefits and not a guarantee of payment**” as quoted by every insurance

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company customer service representative. Third Space Wellness will not be held responsible for denial of any claims. If your claim is denied, you are responsible for all fees incurred and payment will be due within 30 days of receiving a statement by mail.

House calls (within Maryland) can be arranged, and are reserved for individuals and families, who cannot, due to extenuating health circumstances, access our wellness services. An additional fee of \$10 will apply for house calls made within 5 miles of our office and \$20 for house calls made beyond a 5-mile radius of our office. House calls for acupuncture are not covered by health insurance.

I have read and understand the above terms and conditions.

Print Name

Signature (or parent/legal representative)

Date