

FEES AND POLICIES

Welcome to Third Space Wellness. Your review and confirmation of the fees and policies below is required for services. Please do not hesitate to ask any questions about your visit, billing, or our policies.

Any adjustments to the fees below reflect an agreement between yourself and the practitioner and will be outlined for future reference in your file and/or in our accounting system; for example, the purchase of a membership.

Massage

90-minute Massage	\$145
60-minute Massage	\$99

Acupuncture

Acupuncture Intake*	\$165
Acupuncture Follow-up*	\$109

Nutrition

Nutrition Intake*	\$165
Nutrition Follow-Up*	\$109

Wellness Consult & Coaching Session	\$145
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Feng Shui

Initial Consultation	
Follow-up Consultation	

**Time-of-Service Discount*

Note: Sales taxes do not apply for these services.

Please initial for each item:

Cancellation Policy: Requests to cancel or reschedule appointments must be made 24 hours or earlier in advance. **Late cancellations and missed appointments will be charged the full fee of the session.** In the event of an emergency, call us to discuss your appointment.

Initial _____

Arrival more than 15 minutes late to an appointment may be considered a missed appointment and may be charged as such.

Initial _____

Patients using medical insurance for acupuncture and nutrition will be billed for the full visit at the Time-of-Service Discount rates above for late cancellations and

Third Space Wellness, LLC

missed appointments; insurance is not charged for late cancellations or missed appointments.

Initial _____

Insurance for Acupuncture and Nutrition –Read Carefully: Please review your policy or call your insurance company to confirm your benefits. All calls to insurance companies are a **“quote of benefits and not a guarantee of payment” as quoted by every insurance 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.

Initial _____

Insurance payment authorization: I authorize direct pay of my medical benefits to Third Space Wellness, LLC and including any of its providers.

Initial _____

Authorization to release medical information: I authorize the release of any medical or other information to insurance carriers in the event that it is required to process my claims.

Initial _____

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

Initial _____

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 by Third Space Wellness via email no less than 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.

I have read and understand the above terms and conditions.

Print Name (client)

Signature (of client or parent/legal representative)

Date