

CLIENT AGREEMENT

Payment: Payment is expected at the time of service. A credit card must be on File. Checks are accepted. A \$ 30 NSF will be added to your check or credit card payment is non-sufficient. A *cash* payment will receive a 5% discount. Please review updated services and charges on our website.

New Clients: All new clients are required to provide a valid credit card number and \$ 50 deposit upon booking an initial appointment. The deposit will be applied towards services at the time of appointment.

Cancellations: All appointments missed or cancelled with less than 24 hour notice will be charged \$ 50 to your credit card on file. Business hours are: M- Thurs. 10 – 6 pm.

Preventive Lab Test and or screening are charged separately: We test towards prevention and look for root and cause of disease. In order to do this we use several different testing methods including: chemistry hair tissue analysis, hormone tests, nutritional, metabolism, blood preventive tests, iridology, digital thermal scans breast /digital carotid scans etc. These tests are done by independent labs and are charged separately.

Homeopathic Medicines/ Herbals, and Supplements are a separate fee.

A Wellness Package Plan - Monthly Debit: An agreement must be made with Alternative Health Associates for affordable monthly payments and plans. Please discuss these affordable options with our customer representative Laura Seal Laura@alternativehealthasso.com 847-955-0800

Return Policy: All products must be returned unopened and within 7 days of delivery. A credit for the PRODUCT will be put back on the credit card charged and is subject to a 10% re-stocking fee. Shipping and Handling will not be refunded.

Insurance Processing: Alternative Health can no longer handle the heavy overload of insurance processes and follow up due to the high costs. For your convenience, we can help by providing an *independent professional insurance coder or biller that works alongside our office*. Each claim has a submission fee of \$ 10. You can ask to have us added to any of your insurance plans – ask our office for a letter that you can submit to your human resources director.

In order to effectively process a claim for you, we will need the following information:

1. A copy of your insurance card- front and back
2. If your name is not on the insurance card, we will need the name of the policy holder, their birth date and their employer's name.
3. Client intake completed.
4. \$10 submission fee

Patient Signature _____ Date _____