ACUPUNCTURE TREATMENT PACKAGES
PRE-PAYMENT PLAN

As a courtesy to patients, Selena Wooley, AP and the Mind, Body, and Beyond Center are offering discounts on acupuncture treatments purchased in multiple sessions. We do this because we know acupuncture is most effective when it is received frequently and regularly! It has a cumulative effect in the body, and multiple treatments are typically needed to make progress on most types of health problems. Frequent treatment yields faster and greater therapeutic results. Our goal is for you to increase your sense of wellness, vitality, and help you reach your health goals more effectively.

READ THIS DOCUMENT CAREFULLY!
PLEASE DO NOT SIGN THIS AGREEMENT BEFORE YOU HAVE READ IT COMPLETELY.

Agreement Overview:

- Your visits can only be used by you. They are *not transferable* to another party.
- Your plan is good for 12 months.
- You are responsible for additional charges for services beyond a regular acupuncture visit (see Section 4 below).
- **NO** insurance billing will be done by you or by Mind, Body, and Beyond Center for visits used under this plan.

This agreement is made by and between (herein "Patient") _____
And Selena Wooley, AP (Independent Contractor) at Mind, Body, and Beyond Center (herein "Practitioner").

WHEREAS Patient is in need of and desires ongoing acupuncture treatment, WHEREAS Practitioner is in the practice of providing acupuncture care and desires to provide extended care to Patient and; NOW THEREFORE in consideration of the mutual agreements between the parties and for the other good and valuable consideration, the parties agree as follows:

1. TERM OF AGREEMENT:
   This Agreement is for a period of 12 months, starting on the day this agreement is signed and ending on the day of the last visit (as defined below in Section 2) or in 12 months, whichever comes first.

   Begin Date: _____ End Date: _____

2. FEES & PAYMENT:
   FEES: Patient chooses to purchase the Pre-Payment Plan as indicated by an "X" below.

Office Visit Segments

☐	Return Office Visit – 6 Acupuncture sessions	$ 480.00	*$80 per treatment*
☐	Return Office Visit- 10 Acupuncture sessions	$ 750.00	*$75 per treatment*
☐	Scar Therapy Package – 10 sessions (using MPS and TCM)	$ 750.00	*$75 per treatment*
☐	Cupping or Acutonics Package – 10 sessions	$ 400.00	*$40 per treatment*

Patient Initials _____
Practitioner Initials _____

PAYMENT: Patient chooses to pay for Pre-Payment Plan as indicated by an "X" below.

☐	One-time payment for	$ _____	*Cash*	*Credit Card*	*Check #*_____
☐	Two payments of (due by 3rd treatment of pkg) To be paid:	$ _____			
		1st payment (today): _____	*Cash*	*Credit Card*	*Check #*_____
		2nd payment: _____	*Cash*	*Credit Card*	*Check #*_____
	Credit card information	# _____	*Exp* _____		*Code* _____

3. DEFINITIONS AND INCLUDED CARE: An "Office Visit Segment" is defined as follows: Up to, but not more than 60 minutes (depending on package purchased) of continuous office visit time with the Practitioner. As determined by the Practitioner, a segment may be used for any one or combination of services: follow-up evaluation and assessment, consultation, acupuncture treatment, other treatment modalities appropriate for Patient's condition (e.g. cupping, moxabustion, gua sha), and recommendations. These packages do not cover your First Office Visit. Those fees are to be paid separately.

4. ADDITIONAL CHARGES: Additional charges are at the discretion of the Practitioner and may include, but are not limited to: topical or internal herbs, homeopathic remedies, and Chinese Herbal consultations. Also, multiple separate visits on the same day will be charged as a separate Office Visit Segment.

5. TERMINATION: Patient understands that he/she can discontinue care at any time within the terms of this agreement. It is understood that the agreement will end on the last visit as defined in Section 2, or 12 months after the Begin Date as stated in Section 1, whichever comes first. The Patient understands that any visits remaining due to the Patient's failure to avail themself for treatment due to personal choice, personal emergencies, vacations, etc will be forfeited and no refunds will be granted after 12 months from the Begin Date as stated in Section 1. Cancellations and rescheduling of appointments must be done 24 hours in advance to avoid forfeiture of an Office Visit Segment. If the Patient wishes to terminate this agreement, he/she may do so by putting his/her request in writing and delivering that request in person or by mail to the Practitioner.

   The Practitioner reserves the right to terminate the Patient at her discretion and will make a fee adjustment if applicable. (See Refunds in Section 7 below.)

6. REFUNDS: Refunds will be provided and paid within 30 days of the written termination request from the Patient, pending no outstanding balance exists with Patient. No refund will be made if written request for termination has not been received by the Practitioner on or before the 12 months anniversary of the Begin Date as stated in Section 1.

7. CALCULATION OF REFUNDS: The refunded amount will be based on the Agreement Fee minus the amount of services provided based on the Practitioner's Time-of-Service Fee Schedule. If the services performed are equal to or greater than the agreement fee, then there will be no refund or monies owed to the Patient. In some cases there may be a balance owed to the Practitioner.

   Refund Calculation Example
   Pre-Payment purchase of 6 Office Visit Segments at $80 per visit = $480.00
   Used 3 Office Visit Segments at $85 per visit = $255.00
   Total refund due = $225.00

Patient Initials _____
Practitioner Initials _____

8. NO GUARANTEE OF RESULTS: Patient recognizes that this Agreement is not a guarantee of results, and that it deals solely with financial and time obligations. Any balance due for services are due regardless of results. In some instances, additional treatment beyond the terms of this Agreement may be required or desired.

9. NO INSURANCE BILLING: Claims will not be submitted or statements printed by the Practitioner for reimbursement through any medical insurance company, HMO, or PPO. Patient will not submit charges to their insurance company for any acupuncture treatment used in association with this Agreement.

   If the Practitioner is asked to prepare records and/or written report for any reason, the Patient will be responsible to pay the Practitioner a fee for preparing such records and reports of at least $25.00 per request.

10. COMPLETE AGREEMENT: This Agreement constitutes the complete agreement and understanding between Patient and Practitioner/Clinic and will not be changed or modified unless agreed to in writing by both parties.

Patient: _____

Print name | Signature | Date

Practitioner: _____

Print name | Signature | Date

Patient Initials _____

Practitioner Initials _____