Hp
Medicine

HermitsPointMedicine.com
720-629-4211

Jennifer Davies, L.Ac., NCMT
Andrew Davies, DNM, CBP, C.Ht.

REDUCED FEE AGREEMENT

I, _____ request to be considered for treatment at a reduced rate by the above named practitioner(s).

I understand and agree to all of the following terms:

- I will provide a most recent paystub from myself and my spouse as proof of my current income level and financial situation.
- A reduced fee rate will be a temporary arrangement and be for a predetermined fee.
- A reduced fee rate will be a temporary arrangement and be for a predetermined set or number of treatment sessions.
- The reduced rate is confidential and may not be shared with anyone.
- Reduced fees are non-transferrable.

I understand that this privilege may be automatically waived or voided in the following cases:

- Disclosing terms of agreement to other parties.
- Non or late payment.
- Late cancellation.
- Not showing for appointment.
- All sessions must be used within 1 year of agreement date.

Session Number / Date	Services/ Fees	Notes	Practitioner Signature
1			
2			
3			
4			
5			
6			
7			

Please indicate your understanding and acceptance of these policies by signing below.

PATIENT SIGNATURE_____ **DATE** _____