

## Fee Schedule – Local Patients Holistic Healing Solutions

Holistic Healing Solutions invoices with terms of “Due Upon Receipt”. It is currently necessary to ensure payment of all accounts with a back-up credit card number to be used only if account is not paid within 15 days from date of invoice. If you would prefer using CC on an ongoing basis, please let us know by checking the box below.

I agree with your terms of “Due Upon Receipt”. Should this account ever become delinquent in excess of 15 days from date of invoice, my credit card may be charged for the delinquent amount. Should it ever become necessary to employ an attorney to collect or commence suit to enforce payment, I agree to pay a reasonable sum for attorney’s fees and cost of such a suit. Master Card or Visa only.

Acct. # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

I would like to have my credit card kept on file to pay for services and products: Yes \_\_\_\_/No \_\_\_\_

Authorized Signature: \_\_\_\_\_

**Initial Evaluation:** \$ 140.00

**Evaluates:** Overall body status report of energetic imbalances, including functionally disturbed organs, conditions/syndromes and active infections.

**Re-evaluation:** First half hour \$ 70.00, each additional ¼ hour \$ 25.00

**Re-evaluates** the status of any previous conditions/syndromes, infections, imbalances found in the initial examination.

**Active Infection Evaluation:** First half hour \$ 70.00, each additional ¼ hour \$ 25.00

**Evaluates:** Presenting symptom(s); (Approximately 30 - 60 minutes)

**Specific Evaluation:** First half hour \$ 70.00, each additional ¼ hour \$ 25.00; (Approximately 60 minutes)

**Evaluates:** Functions and energy imbalances in one specific organ system (i.e. endocrine system or digestive system)

**Allergy Evaluation:** First half hour \$ 70.00, each additional ¼ hour \$ 25.00; (Approximately 60 – 90 minutes)

**Evaluates:** Specific allergic sensitivities to one of the following:

- a) food
- b) skin
- c) insects
- d) molds/fungi/pollens
- e) environmental/chemical toxins
- f) heredity predispositions

**Comprehensive Nutritional Consult:** \$70.00 - 120.00; (Approximately 30-60 minutes)

**Hypnotherapy Session:** \$100 per 60 minute hour

**E.M. Homeopathic Remedies:** \$17.50 - \$20.00 per bottle

**Remedy Recharge Fee:** \$5 for 1 to 2 bottles; \$10 for 3 to 4 bottles

**Nutritional Supplements:** as needed

**All evaluation times are approximations. Some evaluations will require more or less time depending on specific circumstances of the individual. Fees will be adjusted accordingly. The current New Mexico sales tax will be added to all invoices for New Mexico residents only.**

### AGREEMENT & CANCELLATION POLICY

The individual receiving professional services is responsible for the payment of all fees due for such services and products at the time they are rendered. Any other arrangement must be discussed and agreed to by all parties. Cumulative simple interest of 2% per month applies.

**A missed appointment is a loss for all. There is a \$50.00 fee for cancellation without 48 hours notice.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Effective 08/01/08