

# Welcome to Quantum Healing

We take great pride in our unique holistic health coaching program. We trust that you will perceive a great benefit from Dr. Smith's guidance. This form explains our office policy.

## Payment is expected at the time of visit

You are responsible for paying your bill at the end of each appointment. We will provide you with a superbill that contains all of the information you need to bill your insurance company. We do not take Medicare patients.

## Returned checks

Returned checks are subject to a \$20.00 service charge

## Missed appointments

We do not "cluster" book appointments. Therefore, your appointment time is reserved just for you. No charge will be made for changes or cancellations of your appointment if made 24 hours in advance. **Missed appointments will be billed at the standard rate.**

## Minors

Any person under the age of 18 must be accompanied by their parent/guardian on their first appointment to provide written consent and health history.

I HEREBY AUTHORIZE DR. SMITH TO GUIDE ME IN MY PERSONAL HEALTH QUEST. THIS INCLUDES, BUT IS NOT LIMITED TO, MEASUREMENT OF BODILY ACTIVITIES, i.e. HEIGHT, WEIGHT, JOINT RANGE OF MOTION, RESPIRATION ACTIVITY, BLOOD PRESSURE, etc. I CONSENT TO ALLOW DR. SMITH TO MAKE APPROPRIATE ALTERATIONS TO IMPROVE SAID FUNCTIONS, INCLUDING PHYSICAL CONTACT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if minor, parent/guardian please sign)