Back to Essentials
A Complete Health and Wellness Center

New Patient Policies

Identification: As a new patient of ***Back To Essentials, LLC*** you will be required to submit a valid driver's license or other form of picture identification before your first treatment, a copy of which will be kept in your confidential medical file along with a copy of your credit card, if you plan to receive future services.

Cancellation Policy: Please show courtesy in the handling of your cancelled/missed/late appointments. ***Back To Essentials, LLC*** requests a 24-hour advance cancellation courtesy call. If you are a "No Call - No Show" or cancel less than 24 hours prior to your scheduled appointment, it is our policy to charge **100%** of total services. If you are late, you must call before arriving to ensure the availability of the therapist and will be accommodated whenever possible. **I understand that missing my appointment without calling or canceling my appointment less than 24 hours in advance makes any/all discounts that I am offered null and void.**

Patient's Signature _____ Date _____

Financial Policy: ***Back To Essentials, LLC*** **requires full payment at the time of service UNLESS prior payment arrangements have been discussed.** We accept cash, debit cards, HSA, and other major credit cards. There is a $25 minimum charge (In order to use a credit card, you must spend $25 or more.) for all Credit Card transactions. A $50 charge will be added on all returned checks and you will be unable to use this form of payment in the future. The $25 reservation fee is non-refundable, but it will be deducted from your balance. I agree that if my treatment here is suspended or terminated, fees become immediately due and payable. **I also understand that if my account at this office becomes 30 days overdue, it will be subject to a 10% per month finance charge. In addition, if a monthly payment declines, my account will be subject to a $25 inconvenience.**

Patient's Signature _____ Date _____

Service Policy: ***Back To Essentials, LLC*** reserves the right to refuse to offer service to any individual that we feel may be contraindicated to any of the therapies OR do not comply with Policies, Procedures, and Protocol. Clients that we feel are out of our scope of practice may not receive services at ***Back To Essentials, LLC*** without express written original prescription from a medical practitioner.

Patient's Initials _____ Date _____

Packages Policy: ***Back To Essentials, LLC*** offers packages for discounts off the normal single pricing. These packages are customized according to the individual client. All packages must be bought in full in order to receive the discount. All sessions of any discounted package **must** be completed within 6 months from the date of purchase. **Packages are non-refundable and non-transferable.**

Patient's Initials _____ Date _____

Email Subscription

I would like to receive emails from ***Back To Essentials, LLC*** pertaining to discounts and special promotions. I understand that I can unsubscribe at any time.
My email address is _____@_____ **Patient's Initials _____Date_____**

Credit Card Authorization

I authorize *Back To Essentials, LLC* to charge the credit card left on file for cancelled/missed appointments, over-the-phone purchases, and appointments scheduled in advance. ***THIS AUTHORIZATION IS VALID WITH A COPY OF THE CREDIT CARD ACCOMPANIED BY A COPY OF YOUR DRIVER'S LICENSE/PICTURE ID.* I have read, understand, agree, and adhere to ALL of the aforementioned policies for Back To Essentials, LLC_____ (initial)**

Printed Name of Patient _____

Cardholder's Signature _____

Patient Signature _____