

Deerfield Healing Arts

Acupuncture Therapies • Zero Balancing • Mentoring • Classes in Zero Balancing
www.deerfieldhealingarts.com

Lisa J. Berger, M. Ac.

*Licensed Acupuncturist, Dipl. Ac. (NCCAOM)
Certified Zero Balancer and ZB Faculty Member*

194 North Main Street
South Deerfield, MA 01373
413-397-9800

PRACTICE INFORMATION AND POLICIES

Please read, call if you have questions and, if possible, sign the consent form below and bring to your appointment. Thank you!

Treatments, Time and Fees:

First Appointment Intake & Treatment: (intake, goal-setting, evaluation, treatment, and recommendations for follow-up care) 75-minute appointment, \$115

First Appointment Tune-up: (brief intake, simple goals and treatment) 45 minutes, \$90

Healing Arts Consultation & Treatment: (goals, re-evaluation, treatment) 45 minutes, \$85

Self Care Consultations: (in-person or by phone) 30 minutes, \$55

Discounts and Fee Adjustments:

- Treatments for children 16 or under will be \$20 off usual fees. Note: Brief consultations for young children can be combined with a treatment for a parent.
- Low-income fee reductions are possible. Please call to arrange.
- Fee discounts can be arranged to make biweekly, weekly or bimonthly visits more affordable for those with financial constraints. Once this period is over, usual fees would apply.

Cancellation Policies:

- I request 48-hours notice in order to realistically offer your time to someone else.
- Late Cancellations (less than 24-hours notice or no notice) will incur a charge of \$50 except in cases of illness, emergency or hazardous driving conditions.

Insurance and Employee Health Benefits:

Currently, the covered benefits, documentation and billing procedures of health insurance companies do not fit my practice. I will provide receipts to those of you who are able to receive reimbursement from your employers. Let me know if you believe that my services can be covered for your care related to automobile accidents.

AGREEMENT TO RECEIVE TREATMENT:

v. 5/2011

I understand and agree to the policies outlined above. I authorize Lisa J. Berger, Lic. Ac., to treat me.

Signed _____ Date _____

Address _____

Phone #s _____ Email _____

If under 18 years of age, treatment for _____ authorized by:

_____, relationship _____ Date _____