

Deerfield Healing Arts

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

Lisa J. Berger, M. Ac.
Licensed Acupuncturist
Certified Zero Balancer and ZB Faculty Member

194 North Main Street
South Deerfield, MA 01373
413-397-9800 landline; 413-387-9904 cell

TREATMENT OPTIONS, FEES AND POLICIES (Updated in light of Coronavirus Protocols)

Treatments at DHAs:

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

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

One-to-Two ZB Clinics: 30 minutes — sliding scale: \$35 – \$25 at *InBody, 265 Greenfield Rd.*

Distant Sessions with Phone Interface:

Self Care Consultations: \$35 per 20 minute increment

Distant Healing Sessions: \$85 for a standard session adjusted for shorter or longer sessions

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.
- Fee discounts can be arranged for a period of frequent, regular visits for those with financial constraints. Once this period is over, usual fees will apply.

Cancellation Policies: (48-hours notice will help me offer your time to someone else)

- Charge for Late Cancellations (less than 24-hours or no notice): \$50 (\$25-\$35 for ZB Clinic) except in cases of illness, possible COVID-19 exposure, emergency or hazardous driving conditions.

Insurance and Employee Health Benefits:

The covered benefits, documentation and billing procedures of health insurance companies do not fit my practice. I will provide receipts to enable reimbursements from employers.

AGREEMENT TO RECEIVE TREATMENT:

v. 6/2020

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

Print Name: _____ Signature _____ Date _____

Address _____

Phone # _____ Email _____

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

_____, relationship _____ Date _____