



**Uninsured Services – Package Options**

- Please choose one of the following options by placing a checkmark next to your selection.
- We strongly encourage you to consider the pre-payment option. This decreases the administrative burden for the clinic, and results in cost savings for you!

Pre-Payment with Bundled Discount	
Item	Fee
Individual	
<input type="checkbox"/> monthly billing	\$24
<input type="checkbox"/> yearly billing	\$250
Couple	
<input type="checkbox"/> monthly billing	\$36
<input type="checkbox"/> yearly billing	\$400
Family (to include family members living at the same address)	
<input type="checkbox"/> monthly billing	\$45
<input type="checkbox"/> yearly billing	\$500
Additional Child (under age 18)	
<input type="checkbox"/> additional monthly billing	\$5
<input type="checkbox"/> additional yearly billing	\$50
Pay per use	
<input type="checkbox"/> Deposit	\$100 per person

Uninsured Services – Payment Options

<input type="checkbox"/>	Credit Card				
	Authorization form on file (circle one)	Yes	No		
<input type="checkbox"/>	Debit				
<input type="checkbox"/>	Cash				

Patient Name: \_\_\_\_\_

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

Children / Other Dependents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_