

Fee Schedule – Local Patients Holistic Healing Solutions

Referring to Holistic Healing Solutions invoices with terms of “Due Upon Receipt”. It is currently necessary to ensure payment of all accounts with a back-up credit card number to be used only if account is not paid within 15 days from date of invoice. If you would prefer using a credit card on an ongoing basis, please let us know by checking the box below.

I agree with your terms of “Due Upon Receipt”. Should this account ever become delinquent in excess of 15 days from date of invoice, my credit card may be charged for the delinquent amount. Should it ever become necessary to employ an attorney to collect or commence suit to enforce payment, I agree to pay a reasonable sum for attorney’s fees and cost of such a suit. Master Card or Visa only.

Acct. # _____ Exp. Date _____

Name (as it appears on card) _____

I would like to have my credit card kept on file to pay for services and products: Yes /No

Authorized Signature: _____

Initial Evaluation: \$ 170.00

Evaluates: Overall body status report of energetic imbalances, including functionally disturbed organs, conditions/syndromes and active infections.

Re-Evaluation or Specific Evaluation: \$140.00

Re-Evaluation: checks the status of any previous conditions/syndromes, infections, imbalances found in the initial examination.

Specific: Evaluates functions and energy imbalances in one specific organ system (i.e. endocrine system or digestive system)

Active Infection Evaluation: First half hour \$ 100.00, each additional ¼ hour \$ 25.00

Evaluates: Presenting symptom(s); (Approximately 30 - 60 minutes)

Allergy Evaluation: First half hour \$ 110.00, each additional ¼ hour \$ 25.00.

Evaluates: Specific allergic sensitivities to one of the following:

- a) food
- b) skin
- c) insects
- d) molds/fungi/pollens
- e) environmental/chemical toxins
- f) heredity predispositions

Comprehensive Nutritional Consult: \$100.00, (Approximately 45 minutes)

Hypnotherapy Session: \$125 per 60 minute hour

Charged Homeopathic Remedies: \$18.00 - \$21.00 per bottle

Remedy Recharge Fee: \$5 for 1 to 2 bottles; \$10 for 3 to 4 bottles

Nutritional Supplements: as needed

All evaluation times are approximations. Some evaluations will require more or less time depending on specific circumstances of the individual. Fees will be adjusted accordingly.

The current New Mexico sales tax will be added to all invoices for New Mexico residents only.

Changes in services and/or service charges will be posted in the office of Dr. Kramer, ND. one month before taking effect.

AGREEMENT & CANCELLATION POLICY

The individual receiving professional services is responsible for the payment of all fees due for such services and products at the time they are rendered. Any other arrangement must be discussed and agreed to by all parties. Cumulative simple interest of 2% per month will be applied to unpaid invoices. **A missed appointment is a loss for all. There is a \$50.00 fee for cancellation without 48 hours notice.**

Signature: _____

Date: _____

Effective 09/2014