

FEE SCHEDULE

INITIAL VISIT: 60-90 MINUTES	\$220
SUBSEQUENT VISIT: 60 MINUTES	\$175
SUBSEQUENT VISIT: 45 MINUTES	\$160
SUBSEQUENT VISIT: 30 MINUTES	\$100
RUBIMED MENTAL/EMOTIONAL TESTING	\$180
RUBIMED ORGAN TESTING	\$180
BLOODWORK	PRICED ACCORDINGLY
FOOD SENSITIVITY TESTING	PRICED ACCORDINGLY
HORMONE TESTING	PRICED ACCORDINGLY
ORGANIC MESOTHERAPY	\$350

CANCELLATION POLICY: 24 hours notice is required to change or cancel your appointment. For non-emergency cases, 50% of the treatment fee will be charged for missed appointments. In most cases, insurance companies will not pay for missed appointments.

PAYMENT POLICY: Once a treatment has been provided you become solely responsible for its payment, which must be paid in full at the time of service. It is your responsibility to contact your EHC provider to ensure that services will be covered under your plan. We do not deal with insurance companies on your behalf.

I have read and understood the above and agree to abide by these clinic policies.

Signature: _____

Printed Name: _____

Date: _____