Fenske Holistic Healthcare Center LLC (608) 836-8883

# Patient Acceptance Policy

**Laser Therapy patients**

Name (last, first) _____ Date: _____

Address_____

City, State, Zip_____

Phone (home) _____ Phone (cell) _____ Email _____

Sex ____ Age___ Date of Birth_____ Spouse/Partner's Name____ _____

Children (ages, names)_____ Occupation_____ Employer/School_____

Whom may we thank for referring you to our office? _____

In order to best serve you, the *Patient Acceptance Policy* should be carefully reviewed. It is Dr. Fenske's opinion that you should be well informed on our expectations and clinical procedures. To prevent any misunderstandings or confusion on what to expect, Dr. Fenske would appreciate that you read the below steps and provide your signature. This would simply imply that you have read the *Patient Acceptance Policy* and understand what is expected of you.

## FIRST APPOINTMENT:

1. **Completion of the following forms:** Patient Acceptance Policy and Patient Health History. It is important for you to carefully and thoroughly complete these forms and submit them prior to your first appointment with Dr. Fenske.

2. At your initial appointment Dr. Fenske will review your case with you, conduct a brief exam, and initiate your first 20-minute laser therapy treatment. The cost (subject to future change) would be:

| | | | |
|---|---|---|---|
| **Brief Exam** | **$ 30** | **FX405 laser (pack of 25 treatments)** | **$1,250** |
| **EVRL laser (pack of 10 treatments)** | **$ 285** | **FX405 laser (pack of 10 treatments)** | **$ 650** |
| **EVRL laser (pack of 5 treatments)** | **$ 175** | **FX405 laser (pack of 5 treatments)** | **$ 350** |
| **EVRL laser (single treatment)** | **$ 40** | **FX405 laser (single treatment)** | **$ 75** |

## FOLLOW-UP APPOINTMENTS:

3. Follow-up laser therapy treatments take place in 20-minute sessions (see prices above**).** The recommended appointment frequency may vary from 1 to 3 visits per week for the first few weeks, then decrease thereafter.

Our goal at Fenske Holistic Healthcare Center LLC is to provide high quality, personal service that is responsive to the healthcare needs of our patients. We require **payment for services at the time they are provided**. Insurance companies do not cover Functional Medicine consultations, nutritional supplements, or preventative lab services. Any specific questions you may have about coverage for our services should be directed to your insurance provider. Note: prices are subject to change without notice, the duration of each visit is approximate, and 24-hour notice is required to cancel an appointment without incurring a charge. Prices not only reflect the time spent with each patient but also the time studying your case between visits and the advanced training, expertise, and effort required to treat complex health conditions. We accept payment by cash, check, or credit card (Mastercard, Visa, Discover, American Express).

I have read and fully understand the **Patient Acceptance Policy.**

_____ _____

**Patient (Parent/Guardian) Signature** **Date**

*(The signature of Parent/Guardian hereby authorizes Dr. Nicole Fenske to provide care for the minor child listed as Patient).*