

Dr. Bridges Non-Covered Services Payment Authorization

Please read the questions carefully and answer

Save

Submit

Please list your name and any participating family members:

Option 1: NCS Monthly Plan

- Adult-\$30/month
- Each Additional family member-\$10/month
- Child (without a parent that is a patient)-\$20/month
- Senior-\$20/month

Option 2: NCS Prepaid Year Plan (10% off)

- Adult-\$324 Each Additional Family Member-\$108
- Child-\$216 (without a parent that is a patient) Senior-\$216

Option 3: NCS Per Visit Fee

- Adult, \$40/appt Child, \$30/appt Senior, \$30/appt

I authorize the above NCS fee payment(s) to be initiated from the Leavenworth Integrative Medicine (LIM) system starting on the date this form was signed & received for the pre-paid yearly fee or monthly fee or on the day of an appt for the per visit fee. I understand I can cancel the monthly NCS payment with a written or verbal notice 7 days prior to the next billing cycle. I realize if my card on file is declined, I will be contacted at the next billing cycle and if a new card is not added on the account, I will be automatically enrolled in the per visit fee. I realize the yearly paid in full fee is nonrefundable and nontransferable. At the end of one calendar year from my payment, I can renew my plan or I will

- Yes No

be automatically enrolled in the per
visit NCS fee.

Please add your credit card via the front desk or your Charm portal

PATIENT SIGNATURE

Today's Date