

Lifeline 2 Wellness, A Nursing Corporation
901 Dove Street, Suite 299, Newport Beach, CA, 92660

Concierge Membership Agreement
Credit Card Authorization

I, _____, authorize Lifeline 2 Wellness, A Nursing Corporation, to charge my credit card for concierge services rendered. My signature indicates agreement to payment option indicated.

Option A: \$1400.00

1st installment \$600,

2nd installment \$400 within 30 days,

3rd installment \$400 within 60 days of 1st payment

Option B: \$1295.00 if paid in full

Card Type (circle one): Visa MasterCard American Express

Name on Card (print): _____

Card #: _____

Expiration Date: _____ Security Code: _____

Billing Zip code: _____

Your signature indicates agreement to terms of payment:

Signature

Date

This form will be securely stored in your clinical file for payment as indicated.
Credit card information on file will be reviewed annually, and if expired or out of date, a new or updated card number will be requested.

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Conventional Service Agreement
Credit Card Authorization

Conventional Service Fee structure:

Initial Evaluation	\$350	60minute session
Follow up/ medication management	\$175	30 minute session
No Show Fee or Cancelling less than 24 hours ahead	\$175 session fee	
Completion of disability forms	\$25 per page	Never completed at initial appt.
ESA and other letters	\$25 per page	
Please note: Visits running over the scheduled session time, incur a \$90 fee for every 15 minutes.		

Card Type (circle one): Visa MasterCard American Express

Name on Card (print): _____

Card #: _____

Expiration Date: _____ Security Code: _____

Billing Zip code: _____

Your signature indicates agreement to terms of payment:

Signature

Date