

Financial Policy

Thank you for choosing **Wolin Wellness Center** to meet your wellness needs. We are committed to providing you with the best service available. Please understand that payment of your bill is considered part of that service. The following statement is of our Financial Policy, of which we require that you read and sign.

All new clients must complete our Client Registration form as well as our Financial Policy before seeing the Life Wellness Consultant.

PAYMENT IS DUE IN FULL AT THE TIME OF SERVICE

~FOR YOUR CONVENIENCE, WE ACCEPT~

*CASH * CHECKS * VISA * MASTER CARD *AMERICAN EXPRESS
* DISCOVER

REGARDING INSURANCE: Our services are not billable to any health insurance carrier. Our office does not diagnose or treat illness.

CREDIT POLICY: Accounts are due and payable as of the date billed. Unpaid balances will be considered delinquent after 60 days.

If an account becomes past due with no valid reason, necessary action will be taken to recover the account balance due.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns prior to signing the agreement.

I have read the Financial Policy. I understand and agree to this Financial Policy.

X _____
Signature of Client or Responsible Party

Date: _____