

**Hermit's Point Medicine, LLC**

**Jen Davies, LAc, MSTCM, NCMT**



**Andrew Davies, DNM, CBP, CHt**

**720-629-4211**

**REDUCED FEE AGREEMENT**

I, \_\_\_\_\_ request to be considered for treatment at a reduced rate by the above named practitioner(s).

I understand and agree to all of the following terms:

- I will provide my most recent paystub for proof of income.
- A reduced fee rate will be a temporary arrangement and be for a predetermined fee.
- A reduced fee rate will be a temporary arrangement and be for a predetermined set or number of treatment sessions.
- The reduced rate is confidential and may not be shared with anyone.
- Reduced fees are non-transferrable.

I understand that this privilege may be automatically waived or voided in the following cases:

- Disclosing terms of agreement to other parties
- Nonpayment
- Late cancellation
- Not show
- All sessions must be used within 1 year of agreement date.

<b>Date of Service</b>	<b>Promo Code</b>	<b>Notes</b>	<b>Practitioner Initials</b>
1			
2			
3			
4			
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6			
7			
8			
9			

**Please indicate your understanding and acceptance of the above by signing below.**

<b>SIGNATURE</b>	<b>DATE</b>
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