

Fee and Payment Agreement

Dr. Goodman has office hours from 10:00 a.m. to 4:00 p.m. Tuesday through Friday. Dr. Goodman and providers provide personalized patient care for each individual spending the time required to help assess, support, and optimize each person's individual anti-aging health issues. The time required varies for each person. Dr. Goodman's and provider's pricing structures are based on the time spent with each patient.

Initial Hormone Consultation: \$500 per hour

Stem Cell Consultation / Pain Consult: \$200 per hour

All Other (General) Consultation Fee: \$460 per hour

- 15 minutes **\$115**
- 30 minutes **\$230**
- 45 minutes **\$345**

Nurse Practitioner / Physician's Assistant

Initial Hormone Consultation: \$400 per hour

Consultation Fee: \$460 per hour

- 15 minutes **\$115**
- 30 minutes **\$230**
- 45 minutes **\$345**

Appointments with Dr. Goodman and providers are based on time spent with the patient (based on 15 minute increments).

Payment is due at time of service.

We do NOT accept any insurance as payment for services rendered.

We do NOT aid patients in attempting to procure reimbursement from their insurance companies or health savings accounts. If this is requested, additional fees will be charged.

When using a card for payment there is a 3.5% processing fee.

No Show and Late Cancellations: A minimum of 48-hour cancellation notice for 45 minutes or less office visits and a 72-hour for procedure or an appointment scheduled for an hour or longer is mandatory. We are a specialty practice and can be booked out for weeks in advance. When a patient fails to notify us or doesn't show for their appointment or procedure, we have lost an opportunity to fill that time slot with another patient. The following fees apply for all late cancellations or no-show appointments. Your signature here confirms that you understand and accept these conditions.

\$100 fee for a missed for late cancellation office visit of 45 minutes or less

\$250 fee for 60 minute appointment or any scheduled procedure

These fees cover lost revenue as well as prepared supplies that must be discarded and/or loss of reserved time and/or staffing. Payment of these fees will be billed directly to the patient and is due immediately upon receipt. These fees will also need to be collected prior to rescheduling another appointment.

Your signature here confirms that you understand and accept these conditions.

Print Name: _____

Signature: _____

Date: _____