



Dr. Christine Teaño Lipat, D.C.  
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**Individual Consideration Contract for Patients with Financial Limitations**

The schedule of discounts is available for individuals and families with an annual income **below 200 percent** of the poverty guidelines:

**2015 Poverty Guidelines for Hawaii**

Persons in family/household	200% Poverty guideline
1	\$27,100
2	36,660
3	46,220
4	55,780
5	65,340
6	74,900
7	84,460

I, \_\_\_\_\_,  
certify that I qualify for a discount under the above criteria and agree to pay:

USUAL FEE:	Suggested:	AGREED-UPON CHARGES:
<u>  \$220  </u>	<u>  \$120  </u>	_____per 2-visit New Patient Package
<u>  \$120  </u>	<u>  \$70  </u>	_____per Deep System Reset visit - 75 min
<u>  \$90  </u>	<u>  \$60  </u>	_____per Reiki/Access Bars visit - 60 min
<u>  \$180  </u>	<u>  \$100  </u>	_____per House Call Deep System Reset visit - 75 min
<u>  \$190  </u>	<u>  \$110  </u>	_____per Traveler’s Elite visit - 120 min

I understand this is a cash discount, expressly granted due to financial difficulties and is NOT a health prognosis or a treatment plan. This is a special arrangement only for me. I further agree that NO 3rd Party Payment Claims will be submitted to any Party without express written permission of Dr. Christine T Lipat, DC.

This contract may be terminated at any time by either Party, from which time our normal customary fees will be charged accordingly.

\_\_\_\_\_  
**PATIENT Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**WITNESS**