



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:

2018 Poverty Guidelines for Hawaii

Persons in family/household	200% Poverty guideline
1	\$27,920
2	37,860
3	47,800
4	57,740
5	67,680
6	77,620
7	87,560

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

USUAL FEE:	Suggested:	AGREED-UPON CHARGES:
<u>\$190</u>	<u>\$160</u>	_____per Foundations of Health New Patient Visit - 105 min
<u>\$150</u>	<u>\$100</u>	_____per Deep System Reset visit - 75 min
<u>\$100</u>	<u>\$85</u>	_____per Reiki/Access Bars visit - 60 min
<u>\$200</u>	<u>\$150</u>	_____per House Call Deep System Reset visit - 75 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