

Tatyanna Teeuwisse, LAc Financial Hardship Agreement



Los Gatos
408.884.1972

WHOLE
medicine

14127 Capri Drive, Suite 5A, CA 95032

I, _____, have expressed financial hardship to Tatyanna Teeuwisse. Due to the circumstances I accept the payment plan below. The payment arrangements will be paid in full at time specified below. Delinquent payments may result in termination of this contract. If at any time my financial status changes, I will notify Tatyanna Teeuwisse immediately and resume the usual and customary rates as designated by my insurance company and/or private pay rates. Tatyanna Teeuwisse also holds the right to terminate this contract at any time, with prior notification, if breach of contract.

Payment Arrangement

Patient copay will be for acupuncture and initial visit fees only. All other modality charges will be applied to insurance copay with the remaining waived.

Client Name: _____ Client Signature: _____ Date: _____

Tatyanna Teeuwisse's authorized representative agrees the above statement to be true and binding.

Representative Name: _____ Representative Signature: _____ Date: _____