We believe in educating our patients, providing choices and encourage them to take an active role in their own treatment.





For Orthopedic Applications, Pain Relief and Natural Healing

# CHRONIC PAIN RELIEF SOLUTIONS

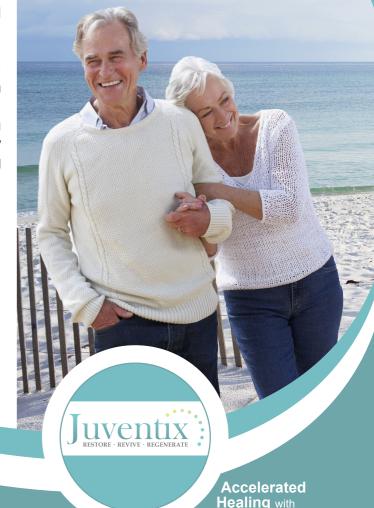
ADVANCES IN REGENERATIVE MEDICINE HAVE ALLOWED US TO FIND NEW AND TARGETED APPROACHES FOR TREATING PATIENTS WITH JOINT PAIN & SOFT TISSUE INJURIES.

Our REGENERATIVE HEALTH PROGRAM is designed to enhance or replace current pain protocols with Platelet-rich Plasma (PRP), Flowable Placental Tissue (FPT) or Stem Cell injections as an alternative to surgery and other invasive treatments by promoting safe and natural healing.



**CLINIC LOCATION** 

Introducing Affordable, Flexable Payment, Financing and Pre-Pay Discount Options



Regenerative Medicine

Experience

AFFORDABLE CHRONIC PAIN RELIEF

#### Recommended Care Plan

Specially Prepared for:				
☐ Initial Consultation/Evaluation				\$
☐ Knee/Shoulder/Elbow/Fo	ot/Other_			\$
■ PRP Therapy	\$	X	injection(s) =	\$
☐ FPT Therapy	\$	x	injection(s) =	\$
☐ Stem Cell Therapy	\$	X	injection(s) =	\$
☐ MRI				\$
☐ CT Scan				\$
■ Sonogram				\$
☐ Electric Muscle Stimulation				\$
☐ Decompression Progress Evaluation				\$
☐ Follow Up Evaluation				\$
o				\$
<b></b>				\$
			Subtotal	\$

### **Ancillary Care Plan**

	Subtotal	\$
		\$
		\$
	Nutrition	\$
	Ice Pack	\$
	Tens Unit (Purchase/Rent)	\$
	Custom Foot Orthotics	\$
_	Niee Diace	ş

### **Physical Therapy**

☐ Trunk Flexors		\$
☐ Trunk Extensors		\$
☐ Lower Exremities		\$
☐ Electric Muscle Stimulation		\$
☐ Neuromuscular Re-education		\$
☐ BioWave PENS		\$
		\$
		\$
	Subtotal	\$

TOTAL COST \$

ESTIMATED INSURANCE COVERAGE \$

ESTIMATED BALANCE DUE \$

#### Now Affordable For Everyone

We believe money should not be an issue for you when seeking relief of chronic or severe pain. For that reason, we offer generous discounts and convenient payment plans to accommodate all our patients.

Our payment plans are affordable for everyone on nearly every budget, even for patients on a fixed income or Medicare.

#### **Payment Options**

☐ I would like to pr	e-pay in full fo	or a% disc	ount.		
Cash Ct	neck 🚨 Credit	Card <b>Total D</b>	Oue \$		
☐ I would like to ma	ike auto-debit	payments for a	a% discou	nt.	
Original Amou	nt Due	Total D	Oue \$		
Amount Paid To	oday I	Less Down Paym	ent -\$	_	
Applied Discou	nt	Less Disco	unt -\$		
Balance Forwar	d for Auto-Deb	it Balance D	Due \$		
You make only	easy mo	onthly payments	of \$	_	
☐ I would like to take advantage of your easy payment financing plans (if qualified) for a% discount.					
		Total D	Oue \$		
Amount Paid To	oday I	Less Down Paym	ent -\$		
Applied Discou	nt	Less Disco	unt -\$	_	
Balance Forwar	d for Financing	Balance D	Oue \$		
☐ 12 Months / No In☐ 18 Months / No In☐ Up to Mon	terest Estir	, ,		_	
	Estir	mated Moly Paym	ent \$		

#### FOR OFFICE USE ONLY

## Patient Information

Name:			
Address:			
	(Street)		(Apt/Building)
	(City)	(State)	(Zip)
Best Phoi	ne:	Alt. Phone:	
	□ Cell □ Home	9	☐ Cell ☐ Home
Email:			

#### **Patient Payment Selection**

☐ I would like to pre-pay in full for a \_\_\_\_\_% discount.

☐ Cash ☐ Check	☐ Credit Card Total Du	e \$		
☐ I would like to make au	to-debit payments for a _	% discount.		
Original Amount Due	e Total Du	e \$		
Amount Paid Today	Less Down Paymer	nt -\$		
Applied Discount	Less Discour	nt -\$		
Balance Forward for A	auto-Debit <b>Balance Du</b>	e \$		
You make only	easy monthly payments o	f \$		
☐ I would like to take advantage of your easy payment financing plans (if qualified) for a% discount.				
	Total Du	e \$		
Amount Paid Today	Less Down Paymer	nt -\$		
Applied Discount	Less Discour	nt -\$		
Balance Forward for F	inancing Balance Du	e \$		
☐ 12 Months / No Interest☐ 18 Months / No Interest☐	, ,			
□ Up to Months/Lo				
	Estimated Moly Paymer	nt \$		

Patient Signature