

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.

Juventix
RESTORE • REVIVE • REGENERATE

CLINIC LOCATION

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



"I was living on a tight budget, yet thanks to these flexible financing options, I was able to get the care needed for next to nothing!"

Juventix
RESTORE • REVIVE • REGENERATE

Experience

AFFORDABLE CHRONIC PAIN RELIEF

Juventix
RESTORE • REVIVE • REGENERATE

Accelerated
Healing with
Regenerative Medicine

Recommended Care Plan

Specially Prepared for: _____

<input type="checkbox"/> Initial Consultation/Evaluation	\$ _____
<input type="checkbox"/> Knee/Shoulder/Elbow/Foot/Other _____	\$ _____
<input type="checkbox"/> PRP Therapy \$ _____ x _____ injection(s) =	\$ _____
<input type="checkbox"/> FPT Therapy \$ _____ x _____ injection(s) =	\$ _____
<input type="checkbox"/> Stem Cell Therapy \$ _____ x _____ injection(s) =	\$ _____
<input type="checkbox"/> MRI	\$ _____
<input type="checkbox"/> CT Scan	\$ _____
<input type="checkbox"/> Sonogram	\$ _____
<input type="checkbox"/> Electric Muscle Stimulation	\$ _____
<input type="checkbox"/> Decompression Progress Evaluation	\$ _____
<input type="checkbox"/> Follow Up Evaluation	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
Subtotal	\$ _____

Ancillary Care Plan

<input type="checkbox"/> Knee Brace	\$ _____
<input type="checkbox"/> Custom Foot Orthotics	\$ _____
<input type="checkbox"/> Tens Unit (Purchase/Rent)	\$ _____
<input type="checkbox"/> Ice Pack	\$ _____
<input type="checkbox"/> Nutrition	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
Subtotal	\$ _____

Physical Therapy

<input type="checkbox"/> Trunk Flexors	\$ _____
<input type="checkbox"/> Trunk Extensors	\$ _____
<input type="checkbox"/> Lower Exremities	\$ _____
<input type="checkbox"/> Electric Muscle Stimulation	\$ _____
<input type="checkbox"/> Neuromuscular Re-education	\$ _____
<input type="checkbox"/> BioWave PENS	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
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 pre-pay in full for a _____% discount.

<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	Total Due	\$ _____
-------------------------------	--------------------------------	--------------------------------------	------------------	-----------------

☐ I would like to make auto-debit payments for a _____% discount.

Original Amount Due	Total Due	\$ _____
Amount Paid Today	Less Down Payment	-\$ _____
Applied Discount	Less Discount	-\$ _____
Balance Forward for Auto-Debit	Balance Due	\$ _____
You make only _____ easy monthly payments of \$ _____		

☐ I would like to take advantage of your easy payment financing plans (if qualified) for a _____% discount.

	Total Due	\$ _____
Amount Paid Today	Less Down Payment	-\$ _____
Applied Discount	Less Discount	-\$ _____
Balance Forward for Financing	Balance Due	\$ _____
<input type="checkbox"/> 12 Months / No Interest	Estimated Moly Payment	\$ _____
<input type="checkbox"/> 18 Months / No Interest	Estimated Moly Payment	\$ _____
<input type="checkbox"/> Up to _____ Months / Low Interest	Estimated Moly Payment	\$ _____

FOR OFFICE USE ONLY

Patient Information

Name: _____

Address: _____
(Street) (Apt/Building)

(City) (State) (Zip)

Best Phone: _____ Alt. Phone: _____
☐ Cell ☐ Home ☐ Cell ☐ Home

Email: _____

Patient Payment Selection

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

<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	Total Due	\$ _____
-------------------------------	--------------------------------	--------------------------------------	------------------	-----------------

☐ I would like to make auto-debit payments for a _____% discount.

Original Amount Due	Total Due	\$ _____
Amount Paid Today	Less Down Payment	-\$ _____
Applied Discount	Less Discount	-\$ _____
Balance Forward for Auto-Debit	Balance Due	\$ _____
You make only _____ easy monthly payments of \$ _____		

☐ I would like to take advantage of your easy payment financing plans (if qualified) for a _____% discount.

	Total Due	\$ _____
Amount Paid Today	Less Down Payment	-\$ _____
Applied Discount	Less Discount	-\$ _____
Balance Forward for Financing	Balance Due	\$ _____
<input type="checkbox"/> 12 Months / No Interest	Estimated Moly Payment	\$ _____
<input type="checkbox"/> 18 Months / No Interest	Estimated Moly Payment	\$ _____
<input type="checkbox"/> Up to _____ Months / Low Interest	Estimated Moly Payment	\$ _____

Patient Signature

Date