

## Welcome to Our Practice

It is with great pleasure that we provide the services for you here at Quantum Vitality. We offer a variety of services, and tailor your treatment plan to you and your specific needs. I will separately provide some forms for you to complete, which will help me to begin developing your individualized treatment plan.

## Office Policies

The following are some important policies. Please initial to indicate that you understand and agree to the following:

Print Name	Signature	Date
	nd of the first session, you will be or purchase a package with no re	e given the opportunity to either pay for the single efunds.
whether		first session, I will give you the opportunity to decide work. If you choose to discontinue the session, we will
There are no i	refunds for packages of sessions, a	after your first session.
There are no i	refunds for products. Please mak	te your choices carefully.
If your check	is returned for any reason, you w	vill incur an administrative fee of \$25.
Late cancellat	ions and no-shows are billed in f	ull.
_	least 24 hours to cancel or resche 2 days before your visit; howeve	edule appointments. You may receive an appointment er, the responsibility is yours.
We do not pr	ovide insurance billing or insura	nce-related services (diagnosis, superbills and the like).
	t the time of service unless prior redit card may be used with PayF	arrangements have been made. We accept cash, checks Pal, for a fee to PayPal).

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