

Laurie A. Hoffman, CCH, RSHom(NA)

104 Mercer Ct, Apt 11-4, Frederick, MD 21701

laynhoffman@gmail.com

[www.experiencehealinghomeopathy.com](http://www.experiencehealinghomeopathy.com)

845-558-4293

**LAURIE HOFFMAN, CCH, RSHom(NA)**

Wellness Package includes

* Six months holistic homeopathic care
* 6 follow-up consultations (1 hour each)
* Phone, email, text (up to 15 minutes)
* Phone support: Tues. & Wed. 9:30-10 am (ET)

Payment options:

1. Paid in full at first appointment: $600.00
2. Paid in installments: $700.00
* $200.00 initial payment+
* $100.00/month-5 payments due on first of the month

Travel fee if applicable (not included in package) $25 per 15 minutes of travel (capped at $50)

Phone/web appointments are billed at the same rate as office visits.

Payments can be made by:

* *Cash*
* *Check(s) made out to Laurie Hoffman*
* *Paypal at* *lahoffman@optonline.net*or Zelle or Venmo: @Laurie-Hoffman-33
* *Credit card authorization form available for automatic monthly payments*

Terms and Conditions:

You will not be invoiced. Authorized credit card payment will be charged on the 1st of the month. If paying by check or by any other method, it will be your responsibility to have monthly payment mailed by the first of the month. Late charge of 10% added for late payments, each week overdue.

You agree to be responsible for full payment of fees agreed upon for the entire term of the contract, regardless of whether you actually make and keep appointments, complete the program or whether you have selected to pay in full or monthly payment plan. To further clarify, **no refunds** will be issued.

**Care is provided for 6 months starting from the date of this contract.** Renewing is optional at any time before the 6-month term. Price for renew may change if renewal is not completed by 6-month completion date.

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sign name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

First payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paid\_\_\_\_\_ Other payments: \_\_\_\_ pd\_\_\_\_\_ pd\_\_\_\_\_ pd\_\_\_\_\_pd\_\_\_\_\_pd

# HOLISTIC WELLNESS PACKAGE II