



235 S. Elmwood Ave, Ste 120
 Buffalo, NY 14201
 Phone: 716-626-6301
 Fax: 716-242-0414

Osteopathic Wellness Medicine of Western New York

Patient Private-Pay Contract

Patient Name:

DOB:

Welcome to Osteopathic Wellness Medicine of Western New York!

Our Mission: To create an ideal environment for promotion of Salutogenesis: Salutogenesis (creation of health). The goal of our healing encounter is to facilitate the creation of health that transcends the physical and results in less suffering and an overall improved quality of life.

The Parties: This Agreement is entered into on this day between Osteopathic Wellness Medicine of Western New York, "Practice," located at 235 S. Elmwood Ave, Suite 120, Buffalo, NY 14202, and "Patient," referenced above. If the patient has a legal representative acting on Patient's behalf, please add information below.

The Parties Agree:

1. The Parties agree Practice may provide to Patient, and Patient may receive from Practice, the following services, and/or items upon rates and fees as follows:

Service	Fee
New patient examination	\$350
Established patient examination	\$150
Customized Concierge Yearly Wellness Package <i>*Ask staff/physician what this includes</i>	Prices will vary
Platelet Rich Plasma (PRP) Injections—fee dependent on area injected	\$600 - \$1,100
Platelet Rich Plasma (PRP) Injections for Scalp—fee dependent on number of treatments (price includes follow up appointments with Dr. Kaplan)	\$800 - \$3000
Prolotherapy Injections—Fee dependent on area injected	\$280 - \$800
Neural Prolotherapy Injections —Fee dependent on areas injected	\$180 - \$355
Botox Injections—Fee dependent on area injected	\$300 - \$500
Spine Force Machine Session/Package	\$25 or \$155 for 10 session package
Percutaneous Tenotomy (TENEX)	\$1500-\$1800

Important: Please ask for a copy of our complete fee schedule which breaks down fees for each body part and/or inquire with office staff prior to procedure being performed so you are aware of exact fees being charged for each visit as some prices subject to change without notice.

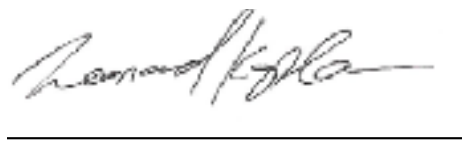
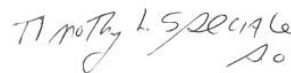
2. The Parties agree this contract is for private pay of services and items. Patient shall not submit, nor ask Practice to submit, any claims under the patient's health insurance, including supplemental policies, for any services or items provided under his contract, even if such services or items would have been otherwise covered by the patient's health insurance if there were no private contract and a proper insurance claim were to have been filed.
3. The Parties agree Patient, and/or his/her legally authorized representative named above shall be personally responsible in full for payment of the above listed services and items Patient receives, and understands that no reimbursement will be sought or provided under the Patient's insurance for such services and items.
4. The Parties agree that insurance fee limits and insurance coverage policies do not apply to the fees Practice is charging or for the delivery of services and items furnished by this contract
5. The Parties agree that Patient and/or his/her legally authorized presentative named above may have the right to obtain insured services or items from other Practices or providers and that he/she has not been compelled for any reason to enter into this or any other private contract.
6. The Parties agree that no Practice provider will execute this contract at a time when Patient is facing an emergent or urgent healthcare situation.
7. Patient acknowledges his/her understanding that no Practice Provider has been excluded from participation under the Medicare program or any other health insurance.
8. **Duration:** This Agreement shall commence on the above date and continue in effect until agreed upon otherwise in writing by both parties.
9. **Termination:** Despite the terms of this Agreement, either party may terminate this contract at any time with reasonable notice to the other, provided payment must be made for any services and items provided to such date and no insurance claim can be made at any time for the services or items provided because the obligation not to pursue health reimbursement for any services or items provided under this contract shall survive this contract.

I have read and understood the provisions regarding private contracting. By signing, I accept full financial responsibility for payment of Practice's services and items and the charges listed and agreed upon from the date above.

Signatures:

Patient (or Representative) Signature

Date

Leonard Kaplan, DO

Timothy Speciale, DO

Representative Info:

Representative Name Printed

Patient Rep.'s Authority: _____

Attach to this contract a copy of Rep.'s Authority to act on Patient's behalf. _____