



Prompt Pay Discount for Services

PURPOSE: To provide a written guideline for offering prompt pay discounts.

Prompt pay discounts must be requested by patients in writing. Sage Nutrition, LLC's board will review prompt pay discount requests to determine necessity for the discount that may include hardship, loss of insurance, out of network plans, or other.

I have elected to receive a prompt pay discount for services provided by Sage Nutrition, LLC. I understand under this agreement, I am required to pay the discounted rate at the time of service in full to receive the discount.

Initial Evaluation (First appt): \$170.00
Follow up appointments: \$140.00

Signed this _____ day of _____, 20_____

Patient's Name (Please Print) _____

Parent/Guardian Signature Phone number

Witness signature: _____

Witness Name: _____ Date: _____