



# NATURAL SOLUTIONS

*Clinical Kinesiology, Acupuncture, & (w) Holistic Health Care*

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## FEE SCHEDULE and OFFICE POLICY

### ~ Examinations ~

1.) Initial New Patient Consultation	. . . . .	\$50.00
2.) Meridian Test (Ryodoraku)	. . . . .	\$50.00
3.) Brief Clinical Kinesiology Exam	. . . . .	\$75.00

**Please note that you must complete the initial 3-step process in order to qualify as a patient and be eligible to receive any other services (except \*, based on a health questionnaire).**

Extensive Clinical Kinesiology Exam . . . . .	\$400.00
<i>(Candida, Parasites, Digestion System, Immune System Function, Organ Function, Vitamin and Mineral Deficiency, Leaky Gut, Heavy Metals, etc.)</i>	
*Telephone Consultation (15 min.) . . . . .	\$50.00
Food Sensitivity Test . . . . .	\$125.00

### ~ Treatments ~

Office Visit Treatments – (Single Issue) . . . . .	\$50.00
Treatment – (Each Additional Issue) . . . . .	\$50.00
ASERT – (Allergy Elimination) . . . . .	\$75.00
Scar Acupuncture . . . . .	\$25.00

### ~ Therapies ~

*Aqua-Chi Ionic Foot Bath Detox . . . . .	\$35.00
Brain Reintegration . . . . .	\$10.00
Castor Oil Pack . . . . .	\$50.00
Color/Sound Therapy . . . . .	\$25.00
Diamond Laser . . . . .	\$35.00
*Energy Frequency Treatment – (Up to 15 min.) . . . . .	\$15.00
*Healing Spa - Essential Oil Foot Detox . . . . .	\$35.00
Hot or Cold Pack . . . . .	\$10.00
Intensive Pain Relief Therapy . . . . .	\$65.00
Massage w/Topical Pain Cream with Ultra Sound <i>or</i> Laser . . . . .	\$25.00
Percussor – (Each Area) . . . . .	\$25.00
Raindrop Therapy . . . . .	\$75.00
Soft Laser . . . . .	\$35.00
Ultra Sound – (Per Area) . . . . .	\$15.00
Vibration, Total Body (10 min.) . . . . .	\$10.00

Our diagnoses are determined using Physical Diagnostics and Clinical Kinesiology. Our treatments are holistic, utilizing primarily acupuncture, personalized nutrition, specific adjustments, and state of the art therapies. **However, in order to benefit from any treatment, it is necessary for you to take responsibility for your specific health condition or problem.**

Payment is required at the time service is performed. Cash, money orders, and personal checks are accepted. If requested, you will be provided with a receipt for your records or to submit to a flex plan. **Our policy is to NOT fill out insurance forms or interface with any insurance companies on ANY LEVEL.** This policy allows us to keep our fees as low as possible. If you have a scheduled appointment and cannot make it, please call and reschedule. Your consideration will allow someone else to benefit from the time. **No charge will be made if 24-hours notice is given for rescheduling.**

**I have read and consent to the above office policy and agree to be responsible for the cost of said diagnosis and treatment at the time service is rendered, unless prior arrangements have been made.**

**DATE:** \_\_\_\_\_ **PATIENT'S NAME:** \_\_\_\_\_

**PARTY RESPONSIBLE FOR PAYMENT:** \_\_\_\_\_