



My Final Charges

Please complete the following:

I plan on paying for my care with:

Cash	
Money Order	
Third Party Lender	

Start Date of Care _____ End Date of Care _____

Private or Shared Service _____

RN certified nurse aide (CNA) or Healing House _____

I have selected the _____ Package for _____ week(s)

Total Cost _____

I have read understand and agree with all statements _____

I authorize the lender to allow Dr. Jeneby/his office/his companies to retain 50% of the fee _____

I understand that my family, children, pets are advised not to stay in the hotel room with me the patient _____

I understand the Pampered Wellness Healing House does not allow pets, children, and guests

I understand that if there is any damages, illegal activity I will forfeit 100% of all monies _____

I understand that if I cancel surgery, I will forfeit all charges _____

I understand Noncash will incur a \$999 admin fee and \$500 processing fee _____

Any unused services/hotel reservations are nonrefundable _____

Dr. Jeneby may substitute pending staffing needs

Patient Printed Name: _____

Patient Signature: _____

Date: _____

Witness: _____

Patient ID: _____

Hotel Location Patient Hotel will be staying: _____