

American Center For Longevity, Nutrition, Chiropractic and Sports Injuries

P.O. Box 11307
Truckee Ca. 96162

High Sierra Fitness
12219 Business Park Drive
530-550-1688

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Dear Patient,

Please give us 24 hour notice to change an appointment. If you do not we are forced to charge you a 25.00 fee that is not reimbursable through insurance.

Thank you,

Barry Triestman D.C.

Patient Name _____

Patient Signature _____

Also, we need to inform you that your insurance plan will not pay for Active Release Technique, Graston Technique, Pilates and nutritional consultations. and there will be additional charges for these.

Active Release Technique 85.00

Graston Technique 85.00

Nutritional Consultation 85.00

Pilates 85.00 per half hour.

They will pay for chiropractic care and examinations. As your agreement allows.

Patient Signature _____