

Eze Wellness & Weight Loss- Program Selection & Contract

(Revised December 2017 – New Prices Starting January 2018)

“Get the Weight Off” Program Monthly Plan- \$190 / month (4 visits)

This program concentrates on aggressive weight loss goals to healthily reduce your weight while learning and adapting to the new lifestyle and habit changes necessary to maintain it. (Goal loss of 20 lbs or more)

“Get the Weight Off” Plans Includes:

Detox Initiation (2 weeks) supplements	Appetite control medication (prescription) &
Medical & nutritional evaluation	Initial Medical Exam and Evaluation by EKG (1 st visit)
Transdermal Nutrient Patches (when in supply)	Body Composition Evaluation (every visit)
Energy-boosting B-12 (weekly)	Nutrition and Exercise Counseling
Behavior Modifications Counseling (weekly)	Weight Loss monitoring & plan modifications

Optional Lipotropic Injection for additional discounted price of \$25 per shot

“Keep the Weight Off” Program Monthly Plan- \$115 / month (2 visits)

Typically follows completion of the “Get the Weight Off” Program once you have achieved your weight loss goal. It is designed to keep you on track for long- term success in maintaining your desired weight.

“Keep the Weight Off” Plans Includes:

Bi-weekly (twice monthly) office visits – every 2 weeks	Exercise & Nutritional Counseling
Body Fat & Body Mass Analysis	Individualized Behavior Modification Counseling
B-12 shots (2)	Prescription for appetite suppressant

Optional Lipotropic Injection for additional discounted price of \$25 per shot

“Modified Weight Loss” Program Unlimited Visits

For those who already have their own established weight loss program and want SHOTS ONLY.

“Modified Weight Loss” Plan Includes:

Initial Weight Loss consultation- First Visit (\$75 – onetime payment)

Unlimited visits per month (with selection of injection each visit)

Injections Available: **Includes Weight, Body Fat & BMI Analysis at each visit**

Lipotropic Shot- helps burn fat, increase metabolism, control appetite and increase energy (\$35 per shot)

B-12- vitamin to help boost energy (\$25 per shot)

Select Your Desired Plan:

“Get the Weight Off” Program _____ (\$190 / month- 4 visits)

“Keep the Weight Off” Program _____ (\$115 / month – 2 visits)

“Modified Weight Loss” Program _____ (by selection)

PATIENT ACKNOWLEDGEMENT/CONSENT FORM - Use & Disclosure of Protected Health Information

We are required by applicable federal and state laws to maintain the privacy of your health information according to HIPPA regulations.

ADHEARENCE TO WEIGHT LOSS PROGRAM

I understand that while on the Eze Wellness and Weight Loss Program, it is my responsibility to adhere to the recommendations given in order to achieve my weight loss goals. I acknowledge all potential risks of starting a Medical Weight Loss program and I have been cleared by my physician prior to beginning it.

PHOTOGRAPHY CONSENT FOR TREATMENT ASSESSMENT

I authorize Eze Health Center medical personnel to take photographs of me and to use them as an aid in assessment of my weight loss progress. I understand that these photographs will help document the progress of my treatment, and that any photographs taken will remain the property of the facility. I also understand that these photographs will not be utilized for any other purposes without my consent.

SERVICE & PAYMENT POLICY

I understand that **FULL** payment for all programs will be due at the time of service and that this payment is **non-refundable**. I also understand that program costs are according to established fees at the time contract is signed and that there will be no submission of fees to a Health insurance company.

By Signing, I (Patient Name- print) _____ agree to the terms of this contract as stated above.

SIGNATURE

DATE