

# *Creekside Wellness Center*

Dr. Allyn Newton PSc.D

Cyd Cassone

Dr. Kevin Hall

## **Policies and Procedures**

### **Patient Needs and Questions**

Your questions and concerns are important to us. Should any needs or questions arise at any time, please ask for what you need or do not fully understand.

### **Office Policies**

The services provided by Creekside Wellness Center are wellness services. Dr. Newton is not a medical doctor and does not diagnose nor treat disease, rather she is a Doctor of Pastoral Science and Medicine, licensed by the Pastoral Medical Association. There are limitations to this type of care. For example, Dr. Newton can not prescribe medications, nor perform surgery of any kind. There are times when those things may be needed, and you may need to be referred to a medical specialist for that care. However, the body has an innate ability to heal itself and often times health can be restored and optimized without drugs or surgery, which is the realm of care that Dr. Newton, Dr. Hall and Cyd Cassone provide. By guiding you on matters of diet, nutrition, structural function, and their relationship to the spirit and mind, the focus is on optimizing those dynamics to help you reach your greatest level of wellness possible. It is to be understood that you have the right to accept or refuse the care of Dr. Newton, Dr. Hall and Cyd Cassone at any time.

### **Emergency Situations**

If you are dealing with an emergency situation, you are advised to call 911. Creekside Wellness Center does not provide emergency medical care.

### **Appointments**

The time scheduled with the practitioner is a block of time that is set aside specifically for you. We do not double book appointments as in the majority of practices. **Please note that we reserve the right to charge for appointments canceled or broken without 24-hour notice**, as this time could be used to serve other patients. We know that your time is as valuable as ours, and the doctor strives to stay on schedule. Typical treatment sessions are 30 minutes.

### **Patient Financial Responsibility**

Unless other arrangements have been made with Creekside Wellness Center, payment is due at the time services are rendered.

Cash, checks, and major credit cards are accepted.

No insurance is accepted at this time.

### **Fee Schedule**

\*Fees are subject to change and client will be informed prior to treatment

#### General Treatment and Consultation Sessions with Dr. Newton & Cyd Cassone

0-15 minutes - \$25

30-45 minutes - \$75

15-30 minutes - \$50

45-60 minutes - \$100

Treatment with Dr. Hall

0-25 minutes - \$65

ASA Whole Body Balance

Single Sessions - First session \$90 (includes imprinted bracelet/ear bead)  
Additional sessions \$75

13 Session Program (recommended) - \$795

SomaEnergetics Sound Therapy

Level 1 - \$50

Level 1 with stones and body tuners - \$60

Essential Oil Therapy

Facial - \$15      Feet - \$45      Spine - \$75

Far Infrared Sauna

(1) 30-minute session - \$30 or \$1/minute

Beginner's Package\* (5 sessions) - \$90

Advanced Package\* (12 sessions) - \$300

Silver Monthly Membership - \$120

(auto pay on CC 1st of each month & includes 2 sessions/week x 4 wks)

Unlimited Monthly Package - \$240

(auto pay on CC 1st of each month & includes unlimited sessions x 4 wks)

\*Packages must be used within 6 months of purchase. Beginner package is a one time offer.

Detoxification Footbath

23 minute session - \$45

Prepaid Package of 5 - \$200 (\$25 savings)

Prepaid Package of 10 - \$350 (\$100 savings)

Science Based Nutrition Lab test and Report

Initial Consultation - \$75

Minimum Lab Fees & Report of Finding - \$395

-The initial visit is typically 45 minutes and will consist of a history along with a treatment, if needed.

**About Nutritional Products**

All nutritional purchases are non-refundable.

**Authorization and Agreements:**

I have read and understand and agree to the Policies and Procedures of Creekside Wellness Center. I realize that unless other arrangements have been made with the practitioner payment is due at the time the services are rendered. **I further understand that I am financially responsible to pay for all appointments missed or without a FULL 24 hours cancellation notice by phone.**

**Client/Guardian Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Pastoral Medical Association #:** \_\_\_\_\_

\*The PMA # is provided when you sign up for the PMA membership online. We are currently only working with members of the PMA. There is no cost to sign up.