

Madison Laser Therapy

720 Hill Street #200
 Madison, WI 53705
 (608) 628-4015

Treatment Packages

Name: _____ Date: ____ / ____ / ____

~ Primary health complaint(s) ~

Number of recommended visits:		Extended sessions are two separate problem areas (e.g. ankle and wrist or two knees) and/or areas that take more time to treat such as Shingles.
Cost per visit:	\$80.00	
Extended session:	\$120.00	

5-Pack (5 visits)	\$75 per visit = \$375	Savings of \$25
10-Pack (10 visits)	\$70 per visit = \$700	Savings of \$100
15-Pack (15 Visits)	\$65 per visit = \$975	Savings of \$225

A \$10 dollar discount is given to seniors and cash paying customers per treatment. This includes multiple session packs. Checks must be made payable to Madison Laser Therapy and returned checks incur a \$20.00 fee. In an effort to keep costs lower, credit cards and insurance are not accepted at the time.

Total Payment including discounts: \$ _____.

By signing below I am signifying that I clearly understand that I am personally responsible for payment of any services rendered to me. The potential benefits and side-effects of Class IV Laser Therapy have been explained to me. I understand the therapist's possible recommendations for a series of treatments. I understand that there is no guarantee of results. I also acknowledge that these treatments are non-transferable.

Signature: _____ Date: ____ / ____ / ____