Wellness Acupuncture
16306 Trail Dr.
Redding, CA 96001

Dr. Ann Levings
LAc, DAOM, RN, BSN

Fee Schedule
Effective 10/15/2025
(Subject to change without notice)

New patient admission and treatment	$70
Private room treatment (appropriate for all treatment types)	$35
Late cancellation fee per visit (less than 8 hours' notice—includes late arrival whether seen or not)	Private: $35 New patient: $60
No-Call, No-show per missed visit (must be paid *before* another appointment is scheduled)	Private: $45 New patient: $70
Rejected credit card or bounced check charges (if charges are incurred from the bank). Must be paid in cash.	$40 plus all bank charges or other charges, as allowed by law.
Herbs, supplies, tools, food, other items	As marked or indicated
Any specialty service (i.e. weight management, tuina, facials, etc…)	As indicated separately

I understand I am entering into a contract with Dr. Ann Levings and Wellness Acupuncture for health care on behalf of myself or my dependent. I understand that Dr. Levings ***does not bill insurance nor does she create superbills*** though she can provide a receipt for all transactions (credit card receipts are automatically generated to the email on file.) I understand I can leave a current and useable credit card on file with her billing service (currently PayTrace, though that can be changed by Dr. Levings at her sole discretion and without notice). I understand that use of a credit card incurs an additional credit card fee, as indicated in the fee schedule. I also understand I can pay by cash or approved check. I further understand these fees can change without notice.

This is a health care visit as defined under the tax codes, however *YOUR* Health Saving Account administer may or may not allow your account to be charged by Dr. Levings. Please check with your plan administrator if you have any questions.

I have read, understand, and agree to keep my account current with each visit. I understand that any change to the licensing acts governing Registered Nursing or Acupuncture in the State of California that may be in conflict with this contract automatically overrides these terms.

Print name of Client: _____ Date of birth: _____

Print name of Responsible Party (if different): _____

Email of Responsible Party: _____Tel #: _____

Address of Responsible Party: _____

Signature of Responsible Party: _____ Date: _____