

PRIVATE MEDICAL INSURANCE SUPPLEMENTARY PAYMENT

I, _____ agree to pay the additional fee of
£_____ for treatment with Integrated Health.

I agree to this because I would like my treatment to be extended beyond that
of what my health insurance provider (Name of insurance: _____)
will fund. It is solely my choice and I understand that I cannot reclaim this
money from my private health insurance provider.

I would like the additional payment to apply to: *(please tick)*

- All my sessions
- Just one session (refer to date below)

Signature: _____ (patient)

Date: _____

Therapist: _____

