

Healing Horizons

Integrated Health Solutions

I, the undersigned, choose to be a self-pay patient of Dr. King for life or health coaching. I understand that I am waiving any right to use my Medicare insurance for said treatment(s).

I also understand that by signing this form, I will **NOT** be able to request any form of billing or payment statement to use as a request for reimbursement from my Medicare insurance company.

Please print name: _____

Signature: _____ Date: _____