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## Honest Body, LLC fee schedule

Following are the different options for working with Melanie Christner, NTP CGP RWP of Honest Body, LLC

- **Individual session:** \$200
- **Monthly retainer:** This option is ideal for the hands-on, highly engaged client and is the option that yields by far the best results as it allows me to support you in a very engaged way. It includes one private session per month and I will make myself available for extensive ongoing support between sessions via phone, email, or text during business hours, Monday through Friday. Cost: \$300/month (charged monthly; with a 6-month minimum commitment).

At our initial session, once we have done an in-depth review of your health history and goals, we will discuss which of these options best meets your needs.

**Note:** all testing and supplement charges are in addition to these fees.

### **Please note my cancellation / rescheduling policy:**

I aim to provide my clients with the highest quality service and pride myself on exceptional work. If you should cancel or reschedule a reservation within 24 hours of your scheduled appointment, I not only lose your business, but also the potential business of other clients who may have taken your scheduled reservation time.

As such, you will be charged and responsible for the full service fee for missed reservations that are rescheduled or canceled with less than 24 hours notice.

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Client initials



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## Authorization for Credit Card Use

**Please print and complete this authorization form, and return prior to first session.**

All information will remain strictly confidential and is for the sole use of Honest Body, LLC.

Name on card: \_\_\_\_\_

Billing address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Credit card type: \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_

I authorize Honest Body, LLC to charge the credit card provided herein for any session fees, supplement purchases, or testing fees agreed per our client agreement and invoiced, in accordance with the issuing bank cardholder agreement.

Please sign and date:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_