

Blue Moon Perinatal, LLC

Client Intake and Payment Acknowledgement Form

Client Name _____ Date: _____

I understand that the Services are not medical services and are intended to complement the medical care and advice provided to me by my physicians. Blue Moon Perinatal, LLC, including Dr. Shevell and her staff, will not diagnose, review or order labs or other diagnostic tests, accept any medical records, or make treatment recommendations.

I understand and agree that the Services are not covered by health insurance, and, therefore, I am personally liable for the cost of all Services rendered to me by Blue Moon Perinatal, LLC. I further understand and agree that I am responsible for paying in full for all Services received by the Patient at the time Blue Moon Perinatal, LLC renders the Services. I acknowledge and agree that the Services are non-refundable.

I understand that I must notify Blue Moon Perinatal, LLC twenty four (24) hours in advance of cancelling any scheduled appointment. Failure to do so will result in my forfeiting the applicable appointment or service.

I have carefully read and understand this form and have had all my questions answered.

I elect to have the Services provided by Blue Moon Perinatal, LLC, and I agree to accept full and personal financial responsibility for all amounts owed to Blue Moon Perinatal, LLC for the Services.

Thank you for choosing Blue Moon Perinatal, LLC to provide you with coaching and support services related to your fertility, pregnancy, and/or postpartum questions and goals (the "Services").

Client Signature

Date