

## Our Pricing:

ATXHyperbarics chamber rates for a full hour of pressurized time are as follows. Rates vary as to pressure, oxygen % and hours purchased. I would like to purchase the following checked package:

- |                          |                        |                 |                          |                   |
|--------------------------|------------------------|-----------------|--------------------------|-------------------|
| <input type="checkbox"/> | <b>1 hour</b>          | <b>1.5 ATA</b>  | <b>\$150.00</b>          |                   |
| <input type="checkbox"/> | <b>1 hour</b>          | <b>1.75 ATA</b> | <b>\$170.00</b>          |                   |
| <input type="checkbox"/> | <b>20 hour package</b> | <b>1.5 ATA</b>  | <b>\$150.00 per hour</b> | <b>\$3,000.00</b> |
| <input type="checkbox"/> | <b>20 hour package</b> | <b>1.75 ATA</b> | <b>\$170.00 per hour</b> | <b>\$3,400.00</b> |
| <input type="checkbox"/> | <b>30 hour package</b> | <b>1.5 ATA</b>  | <b>\$140.00 per hour</b> | <b>\$4,200.00</b> |
| <input type="checkbox"/> | <b>30 hour package</b> | <b>1.75 ATA</b> | <b>\$160.00 per hour</b> | <b>\$4,800.00</b> |
| <input type="checkbox"/> | <b>40 hour package</b> | <b>1.5 ATA</b>  | <b>\$130.00 per hour</b> | <b>\$5,200.00</b> |
| <input type="checkbox"/> | <b>40 hour package</b> | <b>1.75 ATA</b> | <b>\$150.00 per hour</b> | <b>\$6,000.00</b> |
- Friend/Spouse/Relative as guest with Patient**                      **33% of Patient Rate per Session**
- For 100% tank oxygen, please add \$15 per hour per person to the above prices**

No extra charge for Parent with Child patient. Additional hours are available at highest package level purchased. For instance, if you purchase a 20 hour package and later want to add maintenance hours after your package is utilized, the additional hours will be billed at \$150.00 per hour. If you then bought a 40 hour package, all future hours over the 40 hours will be billed at \$130.00 per hour.

Full Name: _____		Date: ____/____/____	
Billing Address: _____		City: _____	
State: _____			
Zip Code: _____		E-mail address: _____	
Phone #: (____) _____		Alt. Phone #: (____) _____	
Credit Card #: _____		Expires: _____	
CCV Code: _____ Check # _____ (Please make out to Westlake Medical Arts)			