



## Arizona Natural Medicine, L.L.C.

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### **ACKNOWLEDGEMENT OF FEE & OFFICE POLICIES**

Our mission at Arizona Natural Medicine, LLC, is to provide the most comprehensive and effective health care, integrating the best of Western, Eastern, and Natural medicine in a safe and caring atmosphere. We provide individualized care that addresses the whole person, focuses on prevention, and assists you in achieving an optimal level of health.

In order to provide top quality care for our patients, we would like to update you regarding fee policies and office procedures. We thank you for your patronage and are happy to serve you and your families.

### **FEE POLICIES**

#### ***Fee Schedule***

We would like to remind you that fees are expected at time of service(s). We provide insurance forms as a courtesy to our patients. It is the responsibility of the patient to provide all needed insurance documentation to their insurance provider.

We remind you that every patient's insurance policy is individual with variable deductibles and coverage. Although many of our patients are reimbursed for their services at Arizona Natural Medicine, LLC, we remind the patient that it is their responsibility to familiarize themselves with their individual policy. This includes coverage for visits, procedures, laboratory testing, and all other therapies offered at Arizona Natural Medicine, LLC.

Fees are based on the complexity of services provided and the time spent with your doctor. Fees may also include time spent with our medical assistant explaining test procedures or providing explanation on taking specific natural therapies, such as homeopathic medicines, prescribed by your doctor at Arizona Natural Medicine, LLC.

Fees are listed below. **There are additional charges for injections, IV therapy, laboratory testing, and in office test procedures.** A fee may be charged for letters, medical forms, non-routine reports, or copies of medical records. The fee structure below does not apply to facial rejuvenation acupuncture services.

<b>New Patient Visit (approximately 75 minutes)</b>	<b>\$ 225</b>
<b>Comprehensive Visit (approximately 60 minutes)</b>	<b>\$ 125</b>
<b>Extended Visit (approximately 45 minutes)</b>	<b>\$ 110</b>
<b>Brief Visit (approximately 30 minutes)</b>	<b>\$ 90</b>
<b>Brief Visit (approximately 15 minutes)</b>	<b>\$ 70</b>

We accept check, cash, Visa, or MasterCard for all fees and services.

#### ***Missed Appointments***

A 24-hour notice is required to cancel or change your appointment. **If you do not give the required 24-hour notice, or do not show for your scheduled appointment, there will be a fee of \$60.** Please note this is NOT reimbursable by any insurance company.

#### ***Phone Consults***

If you have a question about a current health condition or questions about your treatment prescription, please give our office a call at 480-722-2811. The doctor or our office administrator will get back to you as soon as time permits. Follow-up questions are important to your care, however, due to the individualized time we spend with our patients, **calls exceeding 5 minutes, calls discussing a new condition, complaint, or concern, or requiring more individualized time will be charged at the established patient hourly fee policy.** A follow-up visit may be needed to discuss your concern in more depth.

Please remember that this existing policy is not to deter your questions, but to insure the same quality care is provided to patients who are being seen for their regularly scheduled appointments.

**OFFICE POLICIES**

***Arriving Late to Your Appointment***

As we routinely schedule an hour for your visit, and do not see patients every 5-10 minutes like typical medical offices, we can only see a limited number of patients per day. In this way, we can spend the time needed to address your health concerns in depth and with the time needed to address the “whole” you. **Please be reminded that fees are based on your scheduled office appointment time. We cannot extend your visit if you are late, as it will, interfere with another patient’s scheduled appointment.** This means that if your scheduled appointment time is at 1:00 pm and you arrive at 1:30pm, you are responsible for fees starting at your scheduled appointment time of 1:00 pm and we can only extend your appointment to 2:00 pm. Please allow yourself ample time to get to your visit. Of course, we make exceptions if there is a true emergency. If on occasion, the doctor is behind schedule, you are not responsible for fees beginning at your scheduled time. Emergencies throughout the day can arise and everyone at Arizona Natural Medicine, LLC, will make every attempt to accommodate our patients and their care.

***Supplement Return Policy***

We provide supplements as a courtesy to our patients. We provide this courtesy because the supplements sold at Arizona Natural Medicine, LLC, are high quality products, with quality assurance manufacturing processes, and provide medicinal formulations not found over the counter. Patients are not obligated to purchase supplements at Arizona Natural Medicine, LLC, and are encouraged to purchase supplements at the pharmacy of their choice.

All supplements beginning **January 1<sup>st</sup>, 2007 may be returned for a full refund within 14 days of purchase of any supplement that has not been opened.** We are happy to assist you in returned supplements in the allotted time. We will not accept returned supplements under any other circumstances, unless there is a defect in the product or there is direct approval from the medical director at Arizona Natural Medicine, LLC.

***Reaching Doctor When Office is closed***

If you have a medical emergency, **call 911** immediately. If you have an **urgent medical condition** that cannot wait and our office is closed or it is after business hours, **please go directly to an urgent care center, hospital emergency room, or an after-hour health care facility to get the assistance and care you need.** We would appreciate an update the next business day to keep our doctors updated on your health status.

***Summary***

We thank you for your patronage. It is our privilege to serve you and your health care needs. Our policies are established to allow your health care needs to be addressed in a direct, efficient, and caring manner. Thank you.

My signature below indicates I have been notified and accept the aforementioned fee for service(s) and office policies at Arizona Natural Medicine, LLC.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian of Patient Signature

\_\_\_\_\_  
Witness