



# Arizona Natural Medicine Physicians, PLLC

## Db a Arizona Natural Medicine®

*We Listen. We Care. We Change Lives.™*

Kiera Lane, N.M.D., L.Ac., Dipl. Ac., FABORM | Gabriela Regino, N.M.D., M.S. | Stephanie Graham, N.M.D. | Darin Zimmerman, L.Ac.  
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### ACKNOWLEDGEMENT OF FEE & OFFICE POLICIES

Our mission at Arizona Natural Medicine Physicians, PLLC, Db a Arizona Natural Medicine®, 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 Physicians, PLLC, Db a Arizona Natural Medicine®, 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®.

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

Fees are listed below. **There are additional charges for injections, IV therapy, 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.

#### **Office Fees for Physicians**

New Patient Visit (approximately 90 minutes)	\$300/ Dr Lane \$350
Comprehensive Visit (approximately 60 minutes)	\$160/ Dr Lane \$175
Extended Visit (approximately 45 minutes)	\$140/ Dr Lane \$155
Brief Visit (approximately 30 minutes)	\$120/ Dr Lane \$135
Brief Visit (approximately 15 minutes)	\$100/ Dr Lane \$115
Facial Acupuncture Services and Packages	Ask our staff for updated pricing
Transformation 360 Packages	Ask our staff for updated pricing
PRP and Microneedling Packages	Ask our staff for updated pricing

#### **Packages – Transformations 360**

Transformations 360 packages and Facial Rejuvenation Acupuncture packages are paid in full prior to the start of the package and are nonrefundable once you have started the program. Transformation 360 package is a 5-week package and intended to be used in any given five week period after purchase. If you do not show for your appointment or fail to make an appointment in any given week, then you forfeit that week and you may not extend your program another week. If you are being seen for the first time at our clinic as a Transformation 360 patient and wish to address other health concerns during or after you have completed the Transformations 360 program, it is



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required to make a New Patient Visit with one of our doctors to take the time and in-depth assessment to treat you effectively. Our normal “New Patient Visit” fees apply.

## **Packages – Facial Rejuvenation Acupuncture**

Facial rejuvenation packages, either 6 or 12 session initial packages are intended to be used in a 6-week period with two sessions per week for optimal results. The maximum time you can use these packages from the time of purchase is over the span of a total of 12 weeks, after which time, you will lose any remaining paid services from your package. You may purchase either a 6 or 12 week “Maintenance Package” which can be used up to 12 months from the time of purchase after which time you will lose any remaining paid services from your package. If you are being seen for the first time at our clinic as a Facial Rejuvenation Acupuncture patient and wish to address other health concerns during or after your Facial Rejuvenation Acupuncture series is completed, it is required to make a New Patient Visit with one of our doctors to take the time and in-depth assessment to treat you effectively. Our normal “New Patient Visit” fees apply.

## **Packages – PRP and Microneedling**

PRP and Microneedling packages of 3 are intended to be used in a 3-month period with one session every 4 weeks for optimal results. The maximum time you can use these packages from the time of purchase is 6 months, after which time, you will lose any remaining paid services from your package. If you are being seen for the first time at our clinic as a PRP and Microneedling patient and wish to address other health concerns during or after your PRP and Microneedling series is completed, it is required to make a New Patient Visit with one of our doctors to take the time and in-depth assessment to treat you effectively. Our normal “New Patient Visit” fees apply.

## **Acupuncture Fees – with Licensed Acupuncturist Only (Not with our Physicians)**

New Patient Consult – includes consult and acupuncture treatment (approximately 75 minutes) \$155  
Follow-up Visit – includes acupuncture and other Chinese Medicine modalities (approximately 60 minutes) \$135

## **Payment**

We accept check, cash, Visa or MasterCard for all fees and services. **Fees are due at the time of service.** Returned checks will be subject to a \$35.00 NSF fee.

## **Missed Appointments**

A 24-hour notice is required to cancel or change your appointment. We do not accept cancellations by email. Phone calls are marked by date and time to verify you have called within 24 hours to cancel your scheduled appointment. If you **do not give the required 24-hour notice**, or do not show up for your scheduled appointment, you will be charged a cancellation fee of **\$96.25** for Dr. Lane, **\$85.25** for all other physicians and **\$74.25** for missed appointment with our licensed acupuncturist. Please note, this is NOT reimbursable by any insurance company. To cancel or reschedule your appointment, you must call the office. Remember we save an allotted time dedicated to you. Not following our cancellation policy does not allow our physicians to serve another patient who is in need of help.

## **OFFICE POLICIES**

### ***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**



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**more individualized time will be charged at our usual hourly office fee rate.** 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.

### ***Email Correspondence***

We welcome e-mail correspondence. Please be advised of the following information regarding your e-mail communications with Arizona Natural Medicine<sup>®</sup> and your health care provider(s). **ALL e-mail correspondence is not appropriate for urgent or emergency medical issues or concerns.** E-mail is not confidential. Employers have a legal right to monitor e-mail if they choose; system operators for most e-mail systems have access to all e-mail that passes through their systems. E-mail communications travel across the public Internet. **There is not a way to assure the privacy of e-mail on a shared computer or e-mail account.** It is not always possible to verify that e-mail is actually received, opened and read by the addressee. All e-mail correspondence will become a part of my medical record at Arizona Natural Medicine. If you have information that is private and are concerned with confidentiality issues with email use, please call our office instead.

### ***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 "take the time needed" to address your health concerns in depth 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 p.m. and you arrive at 1:30 p.m., you are responsible for fees starting at your scheduled appointment time of 1:00 p.m. and we can only extend your appointment to 2:00 p.m. 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<sup>®</sup> 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 Physicians, PLLC, Db a Arizona Natural Medicine<sup>®</sup>, 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<sup>®</sup>, and are encouraged to purchase supplements at the pharmacy of their choice. **Returns of unopened supplements will be given within 14 days of purchase unless there is a manufacturer defect. We do not return opened or used supplements. There are no exceptions to this policy.**

## **OFFICE POLICIES (PAGE 2)**

### ***"Special Order" Supplement Policy***

A "Special Order" supplement refers to a product we do not normally stock in our inventory. It is an item that is specifically chosen for you as part of your individualized treatment plan. We know your doctor and you have determined the necessity of this product and want you to be aware that it is non-refundable. There are no exceptions to this policy. "Special Orders" are not part of our normal supplement return policy.



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### ***Only1U Skincare***

Dr. Kiera Lane is the CEO and creator of the Only1U Skincare product line. Therefore, in accordance with statute A.R.S. 32-1501(31) Arizona Naturopathic Medical Law, she is informing you that she has a financial interest in any goods that are sold or recommended to your by her or Arizona Natural Medicine® contained in this product line.

### ***Lab Test Kits Return Policy***

If your doctor has ordered a test for you, they have found it diagnostically and medically necessary. All specialized tests, functional medicine tests, genetic or any other tests that we offer has been recommended by your doctor to address your health concern and gain more data to properly diagnose and treat your condition. Any and all test or test kits purchased from our office are non-refundable. Please make sure you ask any questions you have regarding tests recommended by your doctor before you purchase them. **There are no exceptions to this policy.**

### ***Laboratory Coverage for patient with Medicare and AHCCCS Medicaide***

Medicare and AHCCCS do not currently recognize Doctors of Naturopathic Medicine as a specialty type that may refer or order laboratory testing. Therefore, your laboratory testing will not be covered by your Medicare and AHCCCS insurance. This applies regardless if you have supplemental or secondary coverage with another insurance carrier other than Medicare and/or AHCCCS. If you choose to have any testing performed using Medicare and/or AHCCCS, you will be 100% financially responsible and will be required to pay any and all fees for laboratory testing that your insurance does not cover. If your insurance does not cover your laboratory services/fees, the laboratory will bill the provider, which is Arizona Natural Medicine Physicians, PLLC, and Arizona Natural Medicine Physicians, PLLC will bill you. You will be 100% financially responsible for those fees. This applies to labs with Sonora Quest, Labcorp or ALL labs where you use Medicare and/or AHCCCS to cover laboratory services. We recommend our Medicare and AHCCCS patients utilize cost savings labs that offer special cash pricing and pay cash for all lab work. It is your responsibility to inform your doctor that you are on Medicare or AHCCCS. Additionally, it is also your responsibility to inform your doctor if your insurance has recently changed and now reflects Medicare and/or AHCCCS. By informing your doctor, you can avoid being left with a potentially large laboratory bill to pay. By signing this consent form you acknowledge you have read this and are aware that if you choose to have lab work done with Medicare and/or AHCCCS as your insurance provider, your labs will not be covered, and you will be responsible for 100% of the cost of those labs which will be paid directly to Arizona Natural Medicine Physicians, PLLC.

### ***Reaching the Doctor When the 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.

## **CONSENT FOR FEES & OFFICE POLICIES**

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.

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

Patient Name (Printed) \_\_\_\_\_

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

(Signature of patient, or one parent or guardian if patient is under 18)