

OFFICE POLICIES & FINANCIAL AGREEMENT

Dear New Patient,

Welcome to our clinic. We, the healthcare providers at Whole Family Wellness Center, look forward to addressing all of your health needs. We encourage your questions and participation in all aspects of your health care.

Please read and initial the following:

Office hours & Appointments:

_____ The office is open Monday through Friday, by appointment only.
Initials

_____ Payment for all services and dispensary items is due at the time of the visit.
Initials

_____ You will be charged a Missed Appointment fee of \$50.00 for any missed appointments or late cancellations (less than 24 hours notice).
Initials

_____ I give permission for the staff at WFWC to contact me via telephone or email and leave a message that may contain appointment or medical information if I am not available.
Initials

_____ Unless a specific payment plan has been agreed upon and put into writing, we reserve the right to charge interest on any outstanding balance on the account. After 2 months, a 5% compounded interest will accrue, after 6 months, 8% compounded interest will accrue.
Initials

Health Insurance & Naturopathic Medicine (*please read carefully*):

_____ For naturopathic medicine services we will directly bill your insurance company for payment only after your insurance coverage has been verified. If your insurance benefits have not been verified at the time of your first visit, you are required to pay for your office visit in full at the time services are rendered. Dr. Schwartzman is not a preferred or an in-network provider for any insurance plans, which means that you remain responsible for full payment of all fees, should your insurance company deny part of or all of your claims. You will be billed and are expected to pay any outstanding balance. Your insurance policy is a contract between you and your insurance company and we cannot guarantee payment of your claims.
Initials

_____ All patients with health insurance coverage of naturopathic medicine, should note that the following items are not covered by most health insurance plans and you will be directly responsible for payment of these services or products:
Initials

- Late cancellation fees
- Telephone consultations
- Medicinary items

I have read and understand the above-stated policies with Dr. Igor Schwartzman of Whole Family Wellness Center, LLC and will comply with them in all respects.

Your Signature (parent or guardian if minor)

Print your name (parent or guardian if minor & patient name)

Date