



## Office policy

This document contains important and detailed policy information. These policies are set to ensure efficiency in providing optimal care for our patients. Your awareness and acknowledgement of these policies is important to us. We therefore ask that you read and sign our office policy acknowledgement prior to your appointment. **Please read each line carefully and initial each section** and keep this document for your future reference.

### Payment

I agree to pay for naturopathic medical services rendered by Sima Aidun, N.M.D at the time of the visit via check, cash, Visa or MasterCard payment. In the case of Packaged Programs, I am responsible for payment for the full length treatment program at the time of initial visit. I also understand that packaged programs are nonrefundable. Initials \_\_\_\_\_

### Insurance

Dr. Sima Aidun N.M.D is not a direct provider for any insurance companies. I understand that all billing is up to me and that this service is not provided by Dr. Aidun N.M.D or individuals in her office. NSW will, however, provide me with the information necessary to submit a claim to my insurance company. Initials \_\_\_\_\_

### Returned checks

A \$35.00 processing fee is applicable for each returned check. Initial \_\_\_\_\_

### Supplements

Supplements should be returned within 2 weeks of the purchase, unopened. Returned items are subjected to %15 re-stocking fees. Charges for orders requested via phone or E-mail will be placed at the time the order is received. Initials \_\_\_\_\_

### Appointments

- ✓ We do not order any lab test prior to establishing the patient/physician relationship. Lab orders will be issued after the initial consultation. Follow up appointments to review and discuss the lab results are necessary and will be made on the day of initial office visit when required.
- ✓ In case of acute disease such as cold, flu, abdominal pain, vaginal infection, etc. we CANNOT prescribe any medication without an in-office evaluation. Same day appointments are available to address any such acute concern in a timely manner.
- ✓ Prescriptions will not be refilled if it has been 12 month or longer since the patient was seen by Dr. Aidun.

### Late/Tardy Arrival for Appointment

- ✓ A patient arriving late for a scheduled appointment will be seen for the remaining time of the appointment only and will be charged 100% of the appointment fee. Initials \_\_\_\_\_
- ✓ Arriving over 20 minutes late is considered a no show, resulting in a charge per the Cancellation/No Show policy (see below) and will have to reschedule. Initials \_\_\_\_\_

### Cancellation/No Show

We are committed to giving you “our all” in order to ensure your satisfaction with our services. This is one of the core principles upon which our practice is based. We consider an

appointment to be an agreement between *you* and *our* office. We also acknowledge that cancellations and reschedules are sometimes necessary. **We do not double book our consult appointments.** Cancellations/reschedule notices are requested **24 business hours prior to the appointment.** Though our office provides a courtesy reminder for each appointment, this may or may not happen within 24 hours of the appointment due to our office schedule. If for any reason you need to and do not cancel/reschedule your appointment on a timely manner, your physician becomes unable to provide the same quality service to another patient during your scheduled time slot. **Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you.** We reserve the right to charge:

- \$95.00 for new patient late cancelled/rescheduled appointment
- \$55.00 for established patient late cancelled/rescheduled appointment
- \$ 235.00 for new patient NO SHOW appointment ( full office visit)
- \$125.00 for established patient NO SHOW appointment ( one hour)

In order to enforce this, we will be asking you for credit card information to hold your appointment. **Your credit card information will be charged only if you miss your appointment without a 24-business hour cancellation notice.** Excessive abuse of scheduled appointments may result in discharge from the practice. Initial \_\_\_\_\_

**Note:** Since the appointment is an agreement between *you* and *our* office, in case **we** need to reschedule *your appointment* without giving you 24 hours notice, we will deduct \$95.00 from new patient and \$55.00 from established patient appointment fee.

#### **Phone calls, E-mail**

Dr. Aidun N.M.D is committed to being available to you as she participates in your health care goals. She welcomes *brief* phone calls (5-10 minutes) and E-mails to **clarify current treatment plans (no diagnosis)** at no charge. For more involved medical concerns beyond and above, please contact our office and we will accommodate you with phone/in office consult appointment at the standard office visit rate. Initial \_\_\_\_\_

#### **Follow up appointments**

We trust that you are motivated to achieving your health goal(s). Follow up visits will only be scheduled when necessary. Therefore **it is important to adhere to any follow up recommendations** in order to ensure effective treatment.

#### **Emergencies**

In case of true medical emergency or serious medical concern you are to call 911 immediately. Initials \_\_\_\_\_

I have read this document completely and I understand and agree with all of its contents demonstrated by my signature below.

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Patient name

Signature

Date