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Dear New Patient,

Welcome to our Clinic! We look forward to providing for your health care needs. We encourage your questions and participation in all aspects of your health care.

You are important to us. As such, we feel that it is essential that we share a clear understanding of our economic relationship so as to enhance and not interfere with our therapeutic relationship. We recognize and appreciate that health care can involve a major financial commitment and wish to keep you informed of our policies regarding your payment responsibilities.

To clarify the business aspect of our relationship, the following are our payment policies:

- Charges are to be paid at the time of your visit unless specific arrangements have been made prior to your office visit.
- If your insurance company covers our services, we will bill your insurance. You will be responsible for the copay and/or deductible at the time of your visit. We will then bill your insurance. Please be aware that you have the primary relationship with your insurance company and are responsible for the entire amount that is owed per your insurance plan.
- For any missed appointments or late cancellations (less than 24 hours notice) you will be billed \$35.00.
- Your health care provider may prescribe medication which may be purchased either at Natural Family Medicine or elsewhere. Most insurance companies do not cover the pharmacy items that we prescribe. Payment for all pharmacy items is due at the time of purchase. For your safety, all supplement sales are final.
- We accept VISA, MasterCard, check and cash. There will be a charge of \$35.00 for every returned check(s). If immediate full payment will present major difficulties for you, please arrange a payment plan prior to your visit.

We also request your participation in maintaining a healthy environment for you and all our patient. Due to the chemical sensitivities of many of our patients, we respectfully request you to **please refrain from wearing any perfumed products** during your visit. This includes perfumes, aftershaves, and other perfumed personal hygiene products.

We look forward to the opportunity to serve your health care needs!

In Health,
Dr. Lori Brown and Adina
Natural Family Medicine

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My signature below indicates that I fully understand the above letter.

Patient Name (please print) _____

Signature of Patient (parent or guardian if patient is a minor) _____

Date _____