

Please review and initial each section below, and sign at the end document that you have read, understand, and agree to the Financial Policy, Patient Contract and Treatment Consent of Fresno Holistic Medicine.

Payment:

- We require payment at the time of service. For payment we accept cash, health savings cards (HSA), debit cards, and credit cards.
You remain responsible for all costs of your care, regardless of insurance coverage. I understand that I can request a superbill that may be submitted to my insurance company for possible reimbursement.

Patient / Guardian Initials: \_\_\_\_\_

Late Cancellations/Late Reschedules/No Shows:

- Due to the high demand for appointments, and because we reserve your appointment time especially for you, a minimum 24-hour cancellation notice is required. A fee of \$95 applies to all non-emergency late cancellations/ late reschedules with less than 24-hours notice. You will be charged the entire cost of a vitamin injection, if you no-show on your appointment.

Patient / Guardian Initials: \_\_\_\_\_

Fees:

- Fees for Office Visits/Procedures: These are based on the complexity of your visit and/or time we spend with you. We are always happy to explain the fees for office visits, phone consult/telemedicines and vitamin injections.
Lab fees: Payment for lab tests is due at the time of service. If you are getting drawn at a Quest laboratory, you will provide payment or insurance information directly to Quest labs. If you have Medicare or Medicaid, Quest will not bill for any of your labs even if you have secondary insurance. You will be responsible for payment of all laboratory tests.
Telephone Calls: All telephone contacts, which require doctor time are payable at rates of \$95 for each 30 minute increment, for established patients. No fees apply to telephone calls which can be handled by office staff. No charges apply if your doctor asked you to call, or if you have a question about your current treatment plan.
Returned Checks: a \$35.00 fee is assessed for all returned checks.
Non-covered services: Natural Medicines, telephone calls, telemedicine appointments, vitamin injections, wellness care, and weight management services are common examples of services not covered or reimbursed for by insurance. All sales from our dispensary are final, and products cannot be returned. By purchasing non-covered services or products, you do so with the understanding and agreement that your insurer will not reimburse you for any such services.
Unpaid Accounts: Accounts unpaid after 90 days are assigned to collections. Accounts assigned for collection are assessed the balance, plus collection and/or attorney fees.

Patient / Guardian Initials: \_\_\_\_\_

Consent for care: To address my health condition(s), care at Fresno Holistic Medicine may include as examples, any of the following general procedures, tests, or treatments: General Diagnostic Procedures, Counseling / Lifestyle Counseling / Exercise Prescriptions, Herbal / Natural Medicine, Homeopathy, Therapeutic Nutrition, Physical Medicine, Minor Office Procedures, and/or Drug Therapy.

- General Diagnostic Procedures: including (but not limited to) lab tests, pap tests, radiology, physical examination, and other medical tests to properly diagnose my condition.
Counseling & Exercise Prescriptions: For the purposes of stress management, relaxation, or treatment of psychological disorders; for improving health, prevention & treatment of disease.
Herbal & Natural Medicine: Use of plants and animal materials given in the form of teas, pills, powders, liquid extracts creams pastes, washes, suppositories, etc, to restore normal function. These may contain alcohol.
Homeopathy: Using remedies made from diluted naturally occurring substances, mixed in an alcohol or water base.
Therapeutic Nutrition: Use of foods, diet plans or nutritional supplements for treatment—may include vitamin injections.
Physical Medicine: Use of massage, muscle stretching, and exercise therapy to relieve pain and improve function. Physical Medicine might also include the use of heating pads, ultrasound, low and high volt electrical muscle stimulation, transcutaneous electrical stimulation, microcurrent and stimulation.
Minor Office Procedures: Examples include the use of venipuncture to draw blood or vitamin injections.
Drug Therapy: Use of prescription or over-the counter drugs to treat/control symptoms of disease.

- **Phone consults and telemedicine** appointments are reserved for established patients with conditions already evaluated/diagnosed by Dr. Tais for the purposes of counseling, modifying treatment plans and health consulting when patients cannot travel to the office. Dr. Tais will not diagnose, evaluate or prescribe medical treatments over phone/Skype and expects patients to be under the care of a local physician/doctor.
- All all other treatments discussed and recommended by Dr. Tais

I consent to treatment. Patient / Guardian Initials: \_\_\_\_\_

**Patient’s Responsibility:**

- Keep your provider fully informed of health concerns or history. Keep your provider informed about prescription, herbal, or over-the-counter medications, vitamins or other things you are taking or using.
- All female patients must alert the doctor if they know or suspect that they are pregnant, since some of the therapies/ procedures used could present a risk to the pregnancy.
- Notify your provider of any questions, problems, or concerns regarding treatment.
- Work with your provider and/or office staff to resolve any concerns.
- Keep your provider informed of all treatment recommendations from other practitioners, as well as keep other providers informed of treatment recommendations from your provider.
- Be familiar with and agree to abide by the most current Financial Policy, fee schedule, policy regarding cancellations and telephone contacts; keep account up-to-date and paid in full.
- Agree to allow the clinic to share information as needed for purposes of treatment or billing.
- Understand, review, and accept, the clinic’s HIPAA Privacy Policy, and consent to treatment.

**Privacy Practices:** We (Fresno Holistic Medicine) keep a record of the health care services we provide you. We will not disclose your record to others unless you direct us to do so, or as needed for the purposes of treatment or billing, or unless the law compels us to do so. Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information. You can request a copy of the Privacy Practices at any time. I acknowledge receipt of and/or viewing of the Notice of Privacy Practices.

Patient / Guardian Initials: \_\_\_\_\_

**Communication:** I agree to periodic electronic mailings from Dr. Tais regarding news, events and natural medicine educational material. I can remove myself from these mailings at any time. My email address: \_\_\_\_\_

Patient / Guardian Initials: \_\_\_\_\_

I have read, and understand this document. I understand that I may ask questions regarding my care before signing this form and that I am free to withdraw my consent and to discontinue care (including any procedure, test, or treatment) at any time. I agree to use arbitration (an independent third party) as the exclusive method to resolve any concerns or disputes, of any nature, not handled through direct communication. With this knowledge, I voluntarily consent to care, realizing that no guarantees have been made regarding cure or improvement of my condition. I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by my representative or me or otherwise permitted or required by law.

\_\_\_\_\_  
Patient’s Name Signature

\_\_\_\_\_  
Guardian/Personal Representative’s Signature

\_\_\_\_\_  
Patient’s Name (Printed)

\_\_\_\_\_  
Guardian/Personal Representative’s Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship/Representative’s Authority