

(*) Clinic Policies 2026

Horizon Medical, LLC
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CLINIC POLICIES



If you are late or cancel with less than 24 hours' notice, you may be subject to a \$50 fee.

If you have three no-shows or cancellations with less than 24 hours' notice before your scheduled appointment, you may be discharged from the agency and asked to seek services elsewhere.

Letter writing, excessive care coordination, phone consultations, and other additional services may be billed.

You will not be billed for:

- Phone calls lasting less than 5 minutes

- Calls to schedule appointments

- Calls requested by your provider

No-shows are subject to a \$175 fee, and all fees must be paid in full before rescheduling.

Services must be paid for at the time of service.

If you are experiencing financial hardship, you may apply for an income-based fee scale.

Additional discounts are available for pre-payment of services in 6- and 12-month increments.

Ask about these options if you are interested.

We require that if you are having any side effects or become sick, you will follow up with our clinic, go to an urgent care or emergency department right away.

Horizon Medical does not provide refunds for services or products rendered. We cannot accept back used medications once they have been dispensed per state regulation.

Having an appointment with Horizon Medical does not necessarily entitle me to being issued a prescription. Every individual is different, and it is at the medical providers discretion to issue a prescription.

We require that you must maintain follow up appointments to remain on treatment. It is important that lab work is monitored regularly for safety purposes when indicated by the provider. It is important that Horizon Medical manages treatments prescribed and it is at their discretion to provide.

AFTER HOURS



Please inform us within one business day if there has been a significant change in your health, as we may need to follow up or adjust your treatment plan.

Office hours vary but are generally Monday - Friday 9 am - 2 pm. Weekends and after-hours appointments may be arranged and are subject to an additional fee.

Consent to Treat

I hereby authorize Horizon Medical, LLC and additional staff and / or Lori Shott, FNP-C to evaluate and treat conditions that I have consented for. I consent to obtaining blood work before treatment so hormone levels can be monitored, and appropriate treatment can be prescribed. I certify that I am signing this under my free will and am competent to make my own medical decisions.

Yes No

By signing below, I acknowledge that I have read and understand the Clinic Policies, including my financial responsibility for services rendered. I authorize Horizon Medical to bill me for services as outlined, and I acknowledge the no-show and cancellation policy, including any associated fees.

PATIENT SIGNATURE *

Date: *
