

Phoenix Vitality & Weight Loss Clinical Policies

PATIENT CONSENT FOR WEIGHT LOSS THERAPY AND TREATMENT WITH Phoenix Vitality & Weight Loss.

If you have any questions, please feel free to ask us. Please initial each point acknowledging you understand that:

_____ If you are late or miss your appointment, you may be subject to a \$50 fee.

_____ Services must be paid for at least 24 hours of appointment date and time.

_____ Health insurance does not cover services provided at Phoenix Vitality & Weight Loss. If you want to seek insurance reimbursement, we would be happy to provide you itemized invoices that you can submit to your insurance company.

_____ Phentermine, Phendimetrazine, and Vyvanse are sometimes used for weight loss programs and are considered a controlled substances. At this time due to Florida Medical Telehealth Laws no controlled substances can be prescribed with telehealth visits only unless for psychiatric purposes. These medication will not be prescribed in this platform.

_____ I understand that treatments used at Phoenix Viality & Weight Loss might not be considered a medical necessity. Treatments rendered are for the purpose of improving your quality of life through hormone restoration, nutritional, and supplemental counseling, and weight loss treatments.

_____ I agree that if I am having any side effects or become sick, that I will follow up with my primary care provider or go to an urgent care or emergency department.

_____ I acknowledge that Phoenix Vitality & Weight Loss and Mendi Nixon, AAPRN is not my primary care provider unless I elect her so. I agree that I will continue with routine care through my primary care provider and notify them of treatments prescribed at Phoenix Vitality & Weight Loss.

_____ I understand that there are no refunds for services or products rendered. We cannot accept back used medications once they have been dispensed per state regulation. However, one exception applies for those who have either labs or an EKG test which disqualifies them for weight management. These patients only will receive a refund of \$100 of the initial consultation fee.

_____ I understand that having an appointment with Phoenix Vitality & Weight Loss does not necessarily entitle me to being issued a prescription for supplementations, weight loss medication or additional medications. Every individual is different, and it is at the medical providers discretion to issue a prescription.

_____ I understand that I must maintain my follow up appointments to remain on treatment and for appropriate monitoring and management. It is important that lab work is monitored

regularly for safety purposes. I understand that I incur the cost of lab draws as part of my treatment management.

_____ I acknowledge that I have been advised of the risks, options, alternatives, and benefits of treatment. I also acknowledge that I have been advised of possible complications and side effects. I understand the risks, benefits, complications, and side effects of treatment.

_____ I am voluntarily requesting treatment with Phoenix Vitality & Weight Loss and Mendi Nixon, A APRN in regards to weight loss therapy as determined by a mutual decision between myself and the medical provider even if lab levels and other determinants are considered to be in normal range for my age based off of other medical society recommendations and guidelines or if I am just considered overweight and not obese.

_____ I do not hold any medical practitioner of Phoenix Vitality & Weight Loss responsible for performing age-related preventive care. I agree that I will follow up with my primary care provider to obtain these screenings and I hold Phoenix Vitality & Weight Loss and Mendi Nixon, A APRN harmless if an adverse event occurs during my treatment. I will ensure that my primary care provider provides the results of such screenings to Phoenix Vitality & Weight Loss as this could change the treatment prescribed to me.

I have read, understand and agree to all of the above statements.

Print Name: _____

Signature: _____ Date _____