



## Consultation and Financial Agreement

In the interest of good pharmacy care practice, it is desirable to establish a policy to avoid misunderstandings. Our primary responsibility is to help our patients and we wish to spend our time and energy toward that end. Please read through the following information and sign at the bottom. Questions may be directed to the pharmacy manager at 209-474-7271.

### ◆ Consultation Services

**Initial consultation:** includes a one-hour one-on-one meeting followed by formal recommendations with medical justification sent to your prescriber by the pharmacist. Pharmacists *cannot* prescribe medications and thus, the recommendations generated on your behalf must be prescribed *by your provider* before therapy can be initiated.

**Follow up consultation:** will be scheduled at the preceding appointment in an effort to assure that we can consult with you in a timely manner. Most patients need two to three follow up appointments to achieve their goals. A minimum of an annual follow ups will be required for the pharmacists to continue to make recommendations to your prescriber.

**Saliva Test Review:** will be scheduled when you turn in your sample in an effort to assure that we can consult with you in a timely manner.

### ◆ Deposits and Fees

**Initial consultation:** \$50 non-refundable deposit will be applied to \$150 consultation fee.

**Follow up or Saliva Test consultation:** \$25 non-refundable deposit will be applied to consultation fee. (Sliding scale; \$50 for 20 min, \$60 for 30 min, etc)

**Insurance:** You are aware that neither our pharmacy nor our pharmacists are contracted with insurances and all consultations and medications are cash pay. Upon request, our staff will provide you with invoices or Universal Claim Forms which will allow you to seek reimbursement from your insurance company, HSA or FSA for services rendered.

If you need our staff to reprint claim forms or receipts there may be a \$1.00 per page fee.

**Bounced check charges** are \$25 plus the amount of the original check to be paid by cash, cashier's check, debit card, VISA™, Mastercard™, or Discover™.

### ◆ Rescheduling, Cancellations, Late Arrivals and No Shows:

**Rescheduling fee.** At least two business days' notice is required to reschedule an appointment and avoid a \$20 rescheduling fee.

**Cancellation** with less than two business days' notice will result in forfeiture of deposit paid.

**Failure to show** for an appointment will result in forfeiture of your deposit.

**Late or Incomplete Paperwork** we do not double book appointments, so if you are more than 10 minutes late or have not completed your paperwork, you are at risk of being rescheduled at your expense (see rescheduling fee above).

### ◆ Forms (all can be found on our website [www.pacificcompound.com](http://www.pacificcompound.com))

**To be completed prior to your initial consultation** (bring completed forms to appt)

Confidential Evaluation

Consultation and Financial Agreement

Medical Information Release

Notice of Privacy Practices

**To be completed prior to your follow up consultation** (bring completed forms to appt)

Follow Up Evaluation Form

*I have read this Consultation and Financial Agreement and understand that my signature below constitutes acknowledgement and acceptance of this policy.*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

