New Patient Adult Intakes include two 60 minute appointments at a value of $500. Pediatric Patient Visits (under the age of 18) include two 60 minute appointments at a value of $400. After these 2 appointments, one is considered an Established Patient. For established patients Return Visits are **30 minutes ($125) and 60 minutes $250). Acute/Urgent Visits (15 minutes) are $95.**

Telephone calls, e-mail and chat communications may be subject to time-based invoicing at a rate of $250/hour.

A family concierge (i.e.. retainer plan) is available after purchase of the New Patent Intake: $1250 per adult, $500 per child under age 18, and 15% off supplements. This includes 5 1-hour *follow up* appointments per person and general access to the doctor for questions via text/chat/phone. The plan is renewed and billed annually. Appointment credits do not roll over.

A Credit Card is required to make an appointment and held via Healthie, the secure and PCI compliant Electronic Medical Record System, for the purpose of invoicing. Payment is collected at the time of the appointment.

Cancellation and Rescheduling: Notice must be by email, text, or voicemail and be sent no later than 24 hours prior to the ***start*** of your scheduled appointment time.

* Appointments cancelled within 24 hours are charged 100% of the scheduled visit’s value.
* Regarding rescheduling outside of 24 hours advance notice, the first time has no penalty. The second reschedule is charged 50% of the visit’s value. The third reschedule is charged 100% of the visit’s value.
* For established patients, one cancellation charge is waived.

Please give your calendar a thorough look before scheduling, and reserve re-scheduling for emergencies only.

 **[initials] I agree to the above policy.**

 **[initials] I have Medicare and understand that I waive coverage because Naturopaths are not federally regulated.**

 **[ initials] I have insurance and am opting to self-pay for services at Roots & Rivers Naturopathic Medical Center. I understand that I may request a Superbill which I may submit on my own for reimbursement from my insurance company. I also understand that reimbursement is not guaranteed.**

**Name:**

**Signature:**

**Date:**