



West Michigan Ketamine Clinics Practice Policies

You will be evaluated and treated by a licensed provider. We want to take this opportunity to welcome you and, also state some basic policies we believe are essential in establishing a good relationship between us. Please read through the information and please ask any questions as needed.

1. Initial Consultation: Your first appointment will start with a consultation and will continue into the infusion. At the time of the first visit the following decisions will be made by the patient, responsible party and the provider.
 - a. If Ketamine is an appropriate treatment option
 - b. Frequency of Ketamine infusion sessions
 - c. Goals of therapy and what the patient hopes to gain from the treatment
2. Appointments: Each infusion can vary based on the patient. However, the average ketamine infusion runs around an hour in length. You may book your next appointment one at a time or book them all out in advance.
3. It is highly recommended by our physician and the research data that patients complete a series of 6 infusions within 3-4 weeks.
4. After completion of the first series, an 8 week booster infusion will be scheduled by the office. The week before the booster infusion, the office will reach out to patient to discuss if the appointment is necessary. Patients at this time have the right to cancel appointment if they feel as though they do not need it.
5. Patients who utilize the at home maintenance medications will have to undergo a booster infusion at least every 6 months to continue the use of the medication. This correlates directly with the research that has shown to help boost the use and effects of the at home medication in the body.
6. Medication refills: When a patient is in need of a medication refill, they will contact the providing pharmacy first. If refills on file, they will continue with refill. If there are no refills on file, they will send us a refill request. After the request has been sent, if you do not receive your refill in 3 days please call the office.
7. Patients have the right to have regular booster infusions sooner than every 6 months if they so wish to, please discuss with a staff member if interested.
8. Cancellations: If you need to cancel an appointment please give as much notice as possible. There is a \$50 (+3.5% service fee) cancellation fee if cancelled after confirming, late and have to reschedule, or no shows. Credit/debit card information is collected at time appointment is scheduled. This fee is collected at time of appointment if cancelled after confirming, late and have to reschedule, or no shows. The patient will be informed before the card will be charged.
9. After two NO SHOW appointments you will be discontinued from the practice.
10. Payments: Payments are to be made at the time of visit or prior. We accept Cash, VISA, MASTERCARD, Discover, American Express, and check.
11. A one time only setup fee of \$50 (+3.5%service fee) that will apply to all patients for medical records to be updated or created in our new electronic system. New patients will have that fee taken from the cost of their first appointment, with the remaining balance of \$550 be due at time of visit in office. Established patients will have that fee applied with their first appointment back with us for a total cost of \$550. All other infusions for all patients will cost \$500.
12. Late Policy: If you are 15 minutes late you are in jeopardy of having to reschedule, 30 minutes or more you will have to reschedule and pay the cancellation fee.
13. Confidentiality: All information regarding the specific nature of your treatment is maintained at West Michigan Ketamine Clinics and is considered confidential within the office unless specified by the patient in writing to be released otherwise. Each provider reserves the right to use the specialty consultation with other medical providers within the office as deemed necessary. WMKC follows HIPPA laws.

I acknowledge that I have read and understand all the foregoing statements and that my signature below indicates that I agree to abide by all the above conditions. I consent to the exchange of treatment between WMKC and my referring provider.

Patient Signature -or-
Parent/legal gaurdian

Date