

Wild Willow Natural Medicine LLC

New Patient Consent Form

Dear New Patient,

Welcome to Wild Willow Natural Medicine. We look forward to supporting your health and wellness needs. Please read and initial the following statements:

Payment for all services and supplements is due in full at the time of visit. We accept cash, credit card, and checks. In the state of Wisconsin naturopathic practitioners are not able to bill insurance.

Wild Willow Natural Medicine is not responsible for any lab expenses. The patient is responsible for all lab expenses.

Due to time constraints, you will be charged for scheduled and unscheduled phone consultations that exceed 10 minutes. Uncharged phone calls are for matters concerning clarification of wellness plans and past medical issues. Any new wellness concerns will be scheduled as follow-up appointments. Wild Willow Natural Medicine will notify you of the need for a charge, so that you can determine whether you would like to address the issue and pay the fee or schedule an appointment.

Please give Wild Willow Natural Medicine 24-hours advanced notice of cancellations. If you don't cancel within 24 hours of your appointment, you will be charged a fee of \$50. Notice of cancellation should be given via phone to 262-706-5668 or email to info@wildwillownaturalmedicine.com.

Unless a specific payment plan has been agreed upon and put into writing, we reserve the right to charge interest on any outstanding balance on the account. After one month, a 1% per month compounded interest will accrue on any unpaid balance. After one year, the late payment fee will be 12% on any unpaid balance.

I have read and understand the above-stated policies of Wild Willow Natural Medicine and will comply with them in all respects.

Client

X

Print Name: **Date:**