Hegnauer Holistic Health
Dr. Amanda Hegnauer, ND
Naturopathic Doctor

Consent For Treatment

Thank you for choosing Hegnauer Holistic Health, LLC for your medical needs. We are committed to providing you with the highest quality healthcare. We ask that you read and sign this form to acknowledge your understanding of our patient Consent for Treatment policies.

Payment:

Payment is expected in full at time of service. We accept personal checks, cash, Visa and Mastercard.

•Upon request, a superbill can be produced which may be submitted to insurance companies for reimbursement by the patient. Please ask for this superbill at time of payment.

•I understand that it is not the responsibility of the Hegnauer Holistic Health, LLC to research whether reimbursement may occur, to submit forms for reimbursement, or to follow up with my insurance company regarding reimbursement.

Emergency Care:

Our clinic does not administer emergency medical care. In the case of an emergency, please see your family physician or the emergency room of the nearest hospital.

Cancellation Policy:

The Hegnauer Holistic Health, LLC requires at least 24 hours notice of cancellation in advance of the scheduled appointment time. Missed appointments without notification will be charged the full visit fee. Cancellations with less than 24 hours notice will be billed 50% of the visit fee.

•I agree to pay for services rendered at time of service. I acknowledge that I may request the fees for various procedures before they occur and include that information in my decision regarding healthcare.

•I am aware that my practitioner may charge for telephone consultations.

•I understand that this office requires notice of cancellation at least 24 hours in advance of the scheduled appointment time.

•I consent to treatment as agreed upon between the practitioner and myself. Any therapy will proceed only with our mutual consent. I agree to discuss concerns in my care with the practitioner.

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Signature of Patient or Authorized Representative

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Date

_____

Printed name and relationship to patient