

Origin Health Center

OFFICE POLICIES

Appointment:

Origin Health Center considers an appointment to be an agreement between you and our health center; we respect your time and trust that you respect ours. We require a 2-day telephone notice for new patients and 1-day telephone notice for returning patients when canceling or rescheduling. If we do not receive a minimum of 1-2 business day telephone notice, you will be charged with \$50. If you are late for the appointment, you will be charged for the time reserved for you and will only have the remainder of the time scheduled for your visit after your arrival.

Insurance:

Origin Health Center is currently not in-network for any insurance plan. We do not bill insurance or federal programs such as Medicare and Medicaid. We are not able to determine if your insurance will reimburse for Naturopathic Doctor visits, please call your insurance to confirm your coverage.

Fees:

Payment in full is due at the time of service. We accept payment via cash, check, Visa, MasterCard, Discover, and American Express. There will be a \$50 charge for any returned checks. You will receive the service summary at the end of your visit that you can submit to your insurance company for possible reimbursement. All fees are nonrefundable.

Scent-Free:

Please refrain from wearing perfume, cologne, and other scented products when visiting our health center to support the health of our chemically sensitive patients.

Medicinary:

Origin Health Center sells the highest and most effective quality supplements as a convenience for our patients. All sales from our medicinary are final, as we cannot guarantee the quality of handling and storage after the products leave our office. If you need refills of your supplements, please call or email us with your request 5 business days before you are scheduled finish your supplements.

By signing below, I understand and agree to the office policies.

Signed _____

Printed Name _____ Date _____

Parent or Guardian (minor) _____

Printed Name _____ Date _____