

Financial Policy & Appointment Agreement

Thank you for choosing Holistic Origin Her Wellness. This document outlines the financial policies governing services provided by the practice.

Payment Responsibility

Payment is due at the time services are rendered unless otherwise required by insurance agreements.

Patients are responsible for:

- Copayments
- Coinsurance
- Deductibles
- Non-covered services
- Self-pay balances

Submission of insurance does not guarantee payment.

Self-Pay Fees

Initial Consultation (45 Minutes)
\$150

Follow-Up Visit (20 Minutes)
\$75

Fees are subject to change with advance notice.

Membership Fees

Monthly Membership:
\$169/month

Minimum commitment:
3 months

Following the initial commitment period, membership automatically converts to month-to-month until cancelled.

Laboratory Testing

Laboratory services are billed separately by the laboratory provider.

Patients remain responsible for understanding their insurance coverage.

Missed Appointments

Failure to attend a scheduled appointment without appropriate notice may result in fees as outlined in the Cancellation Policy.

Refund Policy

Healthcare services already rendered are generally non-refundable.

Membership fees are non-refundable after services have been provided.

Financial Acknowledgment

By signing below, I acknowledge that I have read and understand the Financial Policy and agree to be financially responsible for services received.

Patient Signature: _____

Date: _____

4. MEMBERSHIP AGREEMENT

Since it is lengthy, key provisions should include:

- \$169/month
- 3-month minimum commitment
- Month-to-month thereafter
- Membership provides access and continuity, not unlimited care
- Not insurance
- Not emergency care

- Cancellation requires written notice
 - Services remain subject to provider clinical judgment
 - Membership benefits may be modified with notice
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5. MEDICATION REFILL POLICY

Key sections:

Refill Requests

- Submit through patient portal.
- Allow 3 business days for processing.
- Controlled substances subject to applicable laws.

Appointments May Be Required

Refills may require:

- Follow-up appointment
- Laboratory review
- Blood pressure verification
- Pregnancy verification

No Guarantee

Submission of a refill request does not guarantee approval.

6. CANCELLATION & NO-SHOW POLICY

Cancellation Requirement

Appointments must be cancelled at least 24 hours in advance.

Late Cancellation

Appointments cancelled with less than 24 hours' notice may be subject to a cancellation fee.

No-Show

Failure to attend without notice may result in:

- No-show fee
- Requirement for prepayment
- Possible scheduling restrictions

Repeated No-Shows

The practice reserves the right to terminate the provider-patient relationship after repeated missed appointments.