



FINANCIAL RESPONSIBILITY AND POLICY STATEMENT

Thank you for choosing Summit Vitality for your healthcare needs. Our healthcare providers and staff are committed to enhancing the quality of your care and overall health. This policy statement is designed to inform you of our policies and answer questions regarding payment for services.

PAYMENT FOR SERVICES

Summit Vitality is a fee for service clinic. Patients are to assume all financial responsibility for the office visit and services rendered during the time of service.

For your convenience, we accept cash, personal checks, Visa, MasterCard, Discover and American Express. Returned checks are subject to a \$25 return fee and no further personal checks will be accepted.

PHONE SUPPORT

Phone support is to aid in answering any questions or concerns that may arise, or to clarify instructions. This is not intended to take the place of an office visit. Phone consultations that cover new material, require new information, take an extensive amount of time, or require a change in the treatment plan are considered substitutes for an office visit. These will be billed for the same rate as the visit for which they substitute. For example, a phone consultation that substitutes for a limited visit will be billed at \$125.

CANCELLATION POLICY

If you are not able to keep your scheduled appointment, please notify us within **24 hours** of the appointment. There is no charge if an appointment is cancelled within 24 hours. A cancellation with less than 24 hours' notice does not allow enough time for other interested patients to be scheduled, and is a great inconvenience for our center. Thus, for naturopathic visits there is a \$100 charge for new patient and a \$50 charge for follow-up cancellations. **Full service fees will be charged if no notice is given.**

I agree to the above defined financial policies. In case of default of payment, I am responsible for full payment of the balance, interest accrued, and any collection costs and legal fees incurred to collect on this account.

I the undersigned, have read, understand and accept the information and conditions specified in this document.

**Patient's Name
(Please Print):** _____

Patients Signature: _____

Date: _____



NATUROPATHIC MEDICINE LEGAL DISCLOSURE

As a valued patient of Summit Vitality, it is important to us that you are fully aware of the laws surrounding Naturopathic Medicine in North Carolina.

- The state of North Carolina does not offer a Naturopathic License to Naturopathic Physicians, but our physicians do hold current medical licenses from other states.

_____ **Initial**

- As a result, our physicians cannot legally prescribe pharmaceutical drugs, perform minor surgeries, administer injections, or diagnose illnesses.

_____ **Initial**

- Our Naturopathic Physicians are trained as primary care physicians. However, we are unable to fill that role in the state of North Carolina. Because of this, we ask you to maintain your relationship with a primary care physician. If you need a referral, we can provide a list of primary care physicians.

_____ **Initial**

Patient's Name
(Please Print):

Patients Signature:

Date:



PATIENT-PROVIDER E-MAIL AGREEMENT

E-mail offers an easy and convenient way for patients and doctors to communicate. In many circumstances, it has advantages over office visits or telephone calls. But remember, there are important differences. E-mail is not the same as calling the office; there is no person at the other end of the e-mail – just a computer. You can't tell for certain when your message will be read or even if the doctor is in the office or on vacation. Nonetheless, we believe that the ease of communication e-mail affords is a benefit to patient care. It will further assist us if you could identify the nature of your request in the subject line of your message. Below are our rules for contacting us via e-mail.

- E-mail is never appropriate for urgent or emergency problems! Please use the telephone or go to the Emergency Room for emergencies.
- E-mail is great for asking minor questions that don't require a lot of discussion.
- E-mail should not be used to communicate sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- E-mail is not confidential! It is like sending a postcard through the mail. Our staff may read your e-mails to handle routine, non-clinical matters. You should also know that if sending e-mails from work, your employer has a legal right to read your e-mail if he or she chooses.
- E-mail may become part of the medical record when we use it; a copy may be printed and placed in your chart.
- E-mail is not a substitute for seeing your physician. If you think that you need to be seen, please call and schedule an appointment!
- E-mails may be forwarded to our staff for handling, if appropriate.

Finally either party can revoke permission to use the e-mail system at any time.

I DO want to communicate with my doctor electronically. I have read the above information and understand the limitations of security on information transmitted.

Patient's Name
(Please Print): _____

Patients Signature: _____ **Date:** _____

E-mail Address: _____