

Nutmeg Natural Health Clinic

Clinic Policies

Welcome to Nutmeg Natural Health Clinic (NNHC). Our intention is to serve the health care needs of our community by providing natural and safe means of treatment and prevention of illness. We wish to serve as a community resource for natural health care. We thank you for choosing us as part of your health care team.

We feel it is important to establish clear communication and understanding between physician and patient. Our office policies regarding fees, payments, and appointments are designed to aid in that understanding. If you have any questions or need further information, please feel free to ask Dr. Stratford.

Payment and Insurance Information

It is our pleasure to provide you with effective and quality health care. You are responsible for payment regardless of insurance coverage. NNHC is affiliated with the following insurance companies:

Aetna	Health New England
Anthem BC/BS of CT	Medical Resource, LLC
CIGNA	Premera Blue Cross
Great-West Healthcare	United Healthcare
Health Allies	

At your request, you will receive a detailed receipt to request reimbursement from your insurance carrier. NNHC does not bill or affiliate with Medicare/Medicaid, and Medicare/Medicaid does not reimburse for lab tests, nutrition consultation, or preventative medicine from an ND regardless of your need for these services.

Payment is due at the time of service for office visits, lab tests, and dispensary products. We accept cash, checks, major credit cards, and debit cards. If your check is returned for non-sufficient funds you will be charged \$35.00.

Appointment Cancellations

When you call and schedule an appointment, time is reserved especially for you and no one else. We ask that you provide at least a 24-hour notice of cancellation. If you do not give at least 24 hours notice of cancellation before your appointment time, you will be charged **\$25.00**. Failure to show up for an appointment will result in a **\$45.00** charge.

Phone Calls

There is no charge for brief questions that can be answered by Dr. Stratford during office hours. However, if you call about a new or more involved health concern, you will be asked to schedule an appointment or charged for a phone consultation. Phone consultations are billed as regular appointments.

Initials _____

For legal purposes, no diagnosis or treatment can be performed over the phone. Dr. Stratford can only make health recommendations, provide counsel on diet and lifestyle questions, or create treatment plans for pre-diagnosed medical conditions.

If you have a serious health problem that requires immediate attention, you should call 911, or have someone take you to the nearest hospital emergency room.

Schedule of Other Fees for Nutmeg Natural Medicine Clinic

Late Cancellation fee	\$25
Returned Check fee	\$35
No Show fee	\$45
Copies of Medical Records	\$.45/page

**Please call for current Laboratory Services
(ex. routine blood work, hormone panels, food allergy testing, stool analysis, thyroid panel, heavy metal screen)**

Fees are subject to change and certain procedures have separate fees. These fees reflect a “payment at time of service discount”. If payment is not received at time of service you will be charged an additional 10% for billing and an interest rate of 18% will be applied accordingly for late payments.

Nutritional supplements and lab testing are not included in appointment fees. Nutritional supplements are out-of-pocket expenses for all patients because, as yet, they are not routinely covered by insurance plans. However, patients with health savings accounts often use these funds to pay for supplements.

By signing the following page, you agree to the clinic policies outlined in this form. You agree that you are financially responsible for all charges and that you will pay for all services provided. Please return the signature sheet to the clinic and keep the above policies for your reference.

Initials _____

I understand and accept Nutmeg Natural Health Clinic, LLC policies and procedures.

- I understand that any expenses incurred with Nutmeg Natural Health Clinic, LLC are my responsibility and not that of any other person or reimbursement group.
- I understand that payment is due in full at the time of service.
- I understand that I may be billed for any appointment missed or changed with less than 24 hours notice.
- I understand that no claims or guarantees have been made by Nutmeg Natural Health Clinic, LLC personnel for future reimbursement or particular medical outcomes.
- I understand that Nutmeg Natural Health Clinic, LLC reserves the right to determine which cases fall outside the scope of practice. In which case the appropriate referral will be recommended.
- I understand that treatment is based on naturopathic principles and practices and recognize that even the gentlest therapies potentially have complications including, but not limited to: temporary aggravation of pre-existing symptoms, allergic reaction to supplements or herbs, muscle strains and spasms or disc injuries from articular manipulations.
- A shipping and handling fee will be charged and pre-payment required on any product shipped.
- All information given now or at any point in the future is entirely confidential. If we receive requests to share information with doctors, insurance groups or health agencies, we will do so only with your permission. You may choose to keep a completed medical record request form on file to expedite handling of your records.

Signed _____ Date _____

Treatment Consent

I consent, authorize, and request Dr. Stratford (NNHC) to administer such treatment deemed necessary, advisable, or requested. I agree to hold Dr. Stratford (NNHC) free and harmless of any claims, suits, damages, or complications which may result from such treatments.

Signed _____ Date _____

Consent to Treatment of a Minor

I (We), being the guardian of _____, a minor, the age of _____, do hereby consent, authorize, and request Dr. Stratford (NNHC) to administer such treatment deemed advisable, necessary, or requested on the above minor. I (We) agree to hold Dr. Stratford (NNHC) free and harmless from any claims, suits, damages, or complications which may result from such treatment.

Signed _____ Date _____

Initials _____