

Dr. Deborah Nixdorf, ND, LAc, MSOM
Naturopathic and Classical Chinese Medicine

FINANCIAL AGREEMENT

Patient's Name: _____

Dear New patient,
Welcome! Dr. Deborah Nixdorf looks forward to providing your health care needs. She encourages your questions and participation in all aspects of your care. Please read and initial the following statements:

_____ I agree to pay on the day of service for any fees including: supplements and other remedies, laboratory tests, co-pays and doctor's services. Co-payment for all services and full payment for medicinary items is due at the time of the visit. To be eligible for the day of service discount, full payment is due on the same day as services rendered. Accepted methods of payment include; cash, checks, Visa, Benny card, American Express, Discover or Mastercard. Returned checks will be subject to a \$35.00 NSF fee.

_____ I agree to a \$50 fee for all missed appointments not canceled 24 hours in advance.

_____ I understand that I may be prescribed medications, which may be purchased at the Northwest Health and Healing Clinic or elsewhere. Most insurance companies do not cover the pharmacy items that Dr Deborah Nixdorf prescribes and dispenses. Due to health regulations, the Northwest Health & Healing Center is unable to accept returns on supplements.

_____ I understand phone consults are charged at the same rate as in office consultations. Unscheduled follow-up phone calls lasting longer than 10 minutes will be charges a minimum fee of \$25.

I have read and understand the above-stated policies of Dr. Deborah Nixdorf, ND, LAc, and will comply with them in all respects. If my insurance company requires release of my medical records, I hereby give my permission by signing this form.

(Patient Signature)

(Date)