**Clinic Policies & Agreement**

**Late Arrival / 24 Hour Cancellation Policy**

*Your appointment time is very important to Dr. Lisa Tostado and reserved just for you!*

We understand that emergencies and other scheduling conflicts arise and are sometimes unavoidable. However, advance notice allows us to fulfill other patient’s scheduling needs and keeps the clinic operating at its most efficient level. Due to our one-on-one 60-minute visits, missed appointments are a significant inconvenience to your doctor, the clinic, and other patients.

If you miss a scheduled appointment or if you do not provide 24-hour notice to change a scheduled appointment, you may be responsible for a $45 service charge. This charge must be paid on or before the next scheduled appointment.

We will always attempt to contact you first prior to collecting fees to discuss any extenuating circumstances leading to the cancellation/no-show.

If you arrive more than 20 minutes late for your appointment, your appointment will be rescheduled, and you may incur a cancellation fee. Any late arrival will shorten your appointment time and will not be made up by running into the next.

**Courtesy Reminder**

As a courtesy, we will **email and/or text** to confirm your service appointments two business days prior to your appointment (please indicate by circling). Even if we are unable to reach you, it is your responsibility to remember your appointment dates and times to avoid late arrivals and incurring a cancellation fee.

**Electronic Communication**

We encourage all patients to call or email with questions regarding their treatment plan. We want to ensure your success, which relies on open lines of communication. Phone calls are returned within 1 business day on which your call is received. Emails are usually responded to within 24-48 hours. We do not provide after hours or urgent care. In the event of an emergency please call 911.

Please leave a detailed voicemail (or email) regarding your question or concern and the best number to reach you at.

**Wellness Consultation Waiver**

I, in sound frame of mind and in good faith, understand that I am seeking a nutritional and functional evaluation from Dr. Lisa Tostado, who holds a N.D. and is a traditionally trained naturopathic doctor and is not licensed by the State of Kentucky. I fully understand that she is a naturopathic doctor and that she is unable to diagnose, treat, or provide any kind of cure for any disease.

I am not being prescribed any drugs, surgery, or any other allopathic intervention. I have selected this service by my free informed choice. I understand Dr. Lisa will not discourage me from following any specific directions, instructions or taking any recommended medications as prescribed by my primary care physician. I am simply seeking health and lifestyle recommendations that could improve my present health and future wellness.

**Financial Agreement**

I agree to pay for the service upon completion of the session.

New Patient Visits:

$199 for the 1st & 2nd visit included.

Follow-ups: $45 for 30 minutes.

I understand that all nutritional supplements are optional, and should I agree to take them, shall be paid for now, at the time of receipt, or before they are shipped.

I understand to not expect a refund on any open supplements.

*Thank you for providing our office with this courtesy. I have read, understand, and agree to abide by the clinic policies & agreements.*

**CLIENT SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**\_\_\_\_\_\_\_\_\_\_\_\_\_