



## **Patient Policies and Financial Agreement**

Welcome to **Avalon Natural Medicine!** We look forward to working with you in achieving your health goals. We encourage your questions and participation in all aspects of your care.

### **Availability and Appointments**

We are generally open **Monday through Friday** from 9am - 5pm with later hours on Monday and Friday for Community Acupuncture / Vitamin Shot Clinic. Office visits are by appointment only with the exception of Community Acupuncture / Vitamin Shot Clinic, when patients may be seen on a walk-in basis; previously scheduled patients are given priority during these hours.

After your initial intake, you may **schedule appointments** via phone or our website: [www.avalonnaturalmedicine.com](http://www.avalonnaturalmedicine.com). Appointments for Acute concerns and Well Woman Exams can be made by calling us at (802) 578-3449.

A physician is available for urgent matters **after hours**. Call (802) 503-0203 to leave a message and a physician will call you back. In the event of a medical emergency, call 911 or report to the closest Urgent Care or Emergency Room.

### **Appointment Policies and Fees**

Reminder calls are made to new patients the day before their first appointment. **Email reminders** are sent at the time of scheduling, one week before, and one day before an upcoming appointment to any patient wishing to receive them.

If you need to **cancel an appointment**, kindly notify us **24 hours in advance**. We accept cancellations via email, phone, or through your original confirmation email from Fullslate.

**Cancellations** made with less than 24 hours' notice are subject to a Missed Appointment Fee. Patients arriving more than **15 minutes late** to an appointment are also subject to a Missed Appointment Fee. Exceptions may be made in the event of unforeseen emergencies, such as illness or car problems, and are considered on a case-by-case basis.

Patients are responsible for **Missed Appointment Fees**, as we cannot bill insurance for payment. Patients with Green Mountain Care insurance will not be charged, as dictated by VT Medicaid.

**Fees** for a Missed Appointment or late cancellation (less than 24 hours):

- **\$125 for New patients**
- **\$75 for Established patients**

The first and second time patients miss an appointment or have a late cancellation, they will be reminded of our policy via email and mail. Patients who miss **three appointments** will receive a letter via certified mail notifying them of their **dismissal from care**. In most cases, care will be continued for thirty (30) days to allow ample time to find another provider. Physicians may consider allowing patients to remain in their care in the event of extenuating circumstances.

**Community Acupuncture / Vitamin Shot Clinic** patients who schedule and then no-show will not be subject to a Missed Appointment fee, however they will be subject to the dismissal rules listed above.

As we are a **Group Practice**, you may elect to be seen by another practitioner if your physician is out of the office or otherwise unavailable.

As many of our patients are chemically sensitive, **please refrain from wearing fragrances**, such as perfume, cologne, and other scented products to your appointment.

## Insurance and Payment

**New patients** should bring a copy of their current license/ID and insurance card to their first visit. All patients should notify us of changes to their insurance and provide a copy of the new card at their next visit.

We verify your **insurance coverage** prior to care as a courtesy and it is not a guarantee of coverage. Patients are responsible for verifying insurance coverage for Naturopathic services and knowing the fees associated with their plan, including copayments, deductibles, coinsurance, and fees for labs that may be ordered at another facility.

**Payment is expected in full at the time of service** for Copayments, Medicinary Items, and services not covered by insurance (ex. Acupuncture, IMs, IVs, Specialty Labs, Office Visits if uninsured). We accept cash, check, and all major credit cards. The fee for **returned checks** is \$30.

If you have insurance coverage, Avalon Natural Medicine will, in most cases, **bill your insurance company**. Billing for services and is not a guarantee of coverage. You are responsible for any deductible, coinsurance, or other charge which results after the claim has been processed.

If we cannot bill your insurance, we will provide you with a **service summary** to request reimbursement from them.

You will **receive a bill** if your insurance plan has a deductible or coinsurance. Payment is expected within thirty (30) days. Failure to pay within ninety (90) days may result in your debt being sent to collections.

For patients with Medicaid as secondary insurance, **we cannot bill Green Mountain Care** for co-payments. The patient is responsible for the primary insurance copayment at the time of service.

We are not contracted with **Medicare** and cannot bill them for services. We do not accept **Worker's Compensation**.

**Video and phone consultations** are not covered by insurance. Phone calls lasting longer than 10 minutes are subject to the same rates and fees as in-office visits and are billed to the patient as a cash service.

**Laboratory testing** is ordered through outside labs which charge your insurance directly for the tests. Patients are responsible for knowing their insurance lab coverage. Contact the lab directly with questions about billing.

Some **Specialized Labs** ordered through Avalon may be billed in part to insurance but most are not. Payment for such tests is expected in full at the time of service.

## Medicinary items

Insurance does not cover the **Medicinary items** that we prescribe and dispense. Our supplements are not marked up to full retail price as we realize these purchases may be cost-prohibitive to some. We offer a 10% discount on supplements to patients who are current members of City Market Co-op and a 15% discount to Champlain College Employees.

Nutritional supplements that are **non-refundable** include herbal tinctures and homeopathic remedies. Unopened bottled supplements may be returned within 30 days with permission of the Office Manager.

Medicinary items that are **special ordered** may take up to 2 weeks to receive. The shipping fee for items sent directly from the supplier is \$9. Items shipped directly from Avalon Natural Medicine will incur a \$5 shipping fee, with additional charges for heavier packages. Shipments are sent from the office approximately once per week.

If you have a **Health Savings or Flex Spending Account**, we can provide a letter of medical necessity for items prescribed by your physician. Please allow up to 7 days to complete this letter.



## Patient Policies Agreement

I, \_\_\_\_\_, confirm that I have read, or have had read to me, and fully understand the above-stated patient policies of Avalon Natural Medicine of Vermont, LLC. I agree to comply with the policies in all respects and understand that if my behavior does not comply with the policies, treatment may be denied, suspended, or discontinued.

**Patient or Parent/Guardian Printed Name:** \_\_\_\_\_

**Patient or Parent/Guardian Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

## Financial Agreement

I, \_\_\_\_\_, confirm that I have read, or have had read to me, and fully understand the above-stated financial policies of Avalon Natural Medicine of Vermont, LLC. If I am requesting insurance billing for services, I authorize Avalon Natural Medicine to release pertinent medical records related to billing to a third-party billing company and to my insurance company. I understand that Avalon Natural Medicine bills my insurance as a courtesy and I am responsible for any and all charges not covered by my insurance plan. I acknowledge that any fee I am charged is my responsibility and is due upon notification.

**Patient or Parent/Guardian Printed Name:** \_\_\_\_\_

**Patient or Parent/Guardian Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

## Electronic Communication Agreement

I, \_\_\_\_\_, agree to the use of secure electronic communications and have specified below the email address which I frequently use and monitor and to which electronic communications may be addressed.

**Email Address:** \_\_\_\_\_

**Patient or Parent/Guardian Printed Name:** \_\_\_\_\_

**Patient or Parent/Guardian Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

## Informed Consent to Naturopathic Treatment



Naturopathic Medicine integrates modern, science-based knowledge with traditional diagnostic and treatment methods. Naturopathic Physicians in Vermont are health care practitioners who have completed medical education at an accredited institution, passed National Boards, and are licensed by the State to practice medicine. NDs in Vermont can act as Primary Care Physicians and Specialists. Our services include the prevention, evaluation, diagnosis, and treatment of injuries, diseases, and conditions through therapies and modalities which support the body's natural and innate healing processes. The following services and procedures may be performed to facilitate care:

- **Diagnostic Procedures:** Medical interview, physical examination, venipuncture, laboratory and pathology testing, x-rays, and other imaging tests.
- **Medicinal Nutrition:** Therapeutic nutrition, nutritional supplementation, intramuscular vitamin injections, IV therapy.
- **Botanical Medicine:** Herbal substances may be prescribed as teas, tinctures, capsules, tablets, creams, or suppositories.
- **Homeopathic Medicine:** The use of highly dilute quantities of naturally-occurring plants, animals, and minerals that gently stimulate the body's healing responses.
- **Lifestyle Counseling and Hygiene:** Diet therapy, promotion of wellness including recommendations for exercise, sleep, sunshine, stress reduction, and balancing of work and social activities.
- **Physical Medicine:** Massage, hot and cold therapy, stretching, hydrotherapy, depuration therapy, injection therapy, manual adjustment.
- **Acupuncture:** The insertion of sterilized, disposable acupuncture needles, use of moxabustion, pressballs, ear seeds, cupping, heat lamp, electro-acupuncture, or the insertion of intradermal needles.
- **Minor Office Procedures:** Ear lavage, minor wound management.
- **Counseling:** Guided-meditation, counseling, mindfulness, other Mind-Body modalities.
- **Pharmaceuticals:** Prescriptions for natural or synthetic medications.

**Potential Risks:** While most of our treatments are gentle, non-invasive therapies with minimal side-effects, some risks do exist. These risks may include: Adverse, hypersensitive, or allergic reactions or side effects to prescribed herbs, pharmaceuticals, supplements, homeopathic remedies, or natural medications. Aggravation of pre-existing symptoms, pain or discomfort, infection, burns, nausea, weakness, fainting, inconvenience of lifestyle changes, injury from needles or procedures, mood changes, emotional release or distress, healing crisis; and rarely, neurological injury and pneumothorax. Notify Avalon Natural Medicine if you experience any symptoms which may be secondary to the above procedures.

**Potential Benefits:** Restoration of health and the body's optimal functional capacity without the use of more aggressive interventions such as drugs or surgery. Relief of pain, and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

**Notice to female patients:** Patients who may be or are pregnant or breastfeeding should notify their physician, as some therapies may present a risk to safe pregnancy and lactation.

I, \_\_\_\_\_, confirm that I have read, or have had read to me, and fully understand this  
**Printed Name**

consent form. I voluntarily consent to treatment from Naturopathic Physicians at Avalon Natural Medicine of Vermont, LLC using the above-listed procedures. I understand the potential risks and benefits of Naturopathic Treatment, as listed above. I realized that no guarantee has been made regarding improvement or cure of my condition(s). I understand that each of these therapies will be explained to me before they are performed, and that I may verbally revoke my consent to receive any of these therapies at any time. I have had an opportunity to ask questions, and by signing below I agree to the above.

**Patient or Parent/Guardian Printed Name:** \_\_\_\_\_

**Patient or Parent/Guardian Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_