

# **Pine Tree Clinic for Comprehensive Medicine**

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## **Financial Agreement / Treatment Choices Acknowledgement / Consent to Treat**

### **Treatment Choices Acknowledgement**

As a patient of Pine Tree Clinic for Comprehensive Medicine, I acknowledge that I have requested and/or may be referred to complementary and alternative health therapies that are not part of the mainstream health care system. I understand that I will be provided with an explanation of the therapies for which I am being recommended and have been informed of known risks and benefits of such therapies. I also understand that I will be given complete opportunity and am encouraged to ask any questions regarding these treatments and therapies at any time. I also acknowledge that I have been advised not to cease therapies prescribed by other health care providers as a result of the therapies that I am receiving at Pine Tree Clinic for Comprehensive Medicine.

### **Financial Agreements**

The relationship I have with Pine Tree Clinic for Comprehensive Medicine is an important part of my journey to improved health and well-being. The relationship takes place on many levels, including financial. I accept full financial responsibility for the patient's account in accordance with the regular rate and terms of this practice. I understand that I am responsible for filing my own insurance claims and that payment in full is expected upon treatment, unless other arrangements with Pine Tree Clinic for Comprehensive Medicine have been made. I also understand that returned checks will be assessed a \$25.00 charge which will cover service charges assessed by the banking institution of Pine Tree Clinic for Comprehensive Medicine. I understand that Pine Tree Clinic for Comprehensive Medicine is neither a Medicare provider nor a participating provider of health care insurance, and that if Medicare does not reimburse this visit, my secondary insurance carrier will also not reimburse this visit.

### **Cancellation / No Show Policy**

I understand that Pine Tree Clinic for Comprehensive Medicine requires a 24-hour cancellation notice for a one-hour appointment, and 48 hours for a two-hour appointment. Failure to do so interferes with our ability to serve our patients in a timely manner. I understand that my failure to furnish notice will result in a charge of \$40.00, which must be paid in advance of making a replacement appointment.

### **Consent to Treat**

Permission is hereby granted to Pine Tree Clinic for Comprehensive Medicine for Medical Health Care, Complementary and Alternative Therapies and other services as may be recommended by Pine Tree Clinic for Comprehensive Medicine practitioners.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Update obtained date \_\_\_\_\_

Update obtained date \_\_\_\_\_

Update obtained date \_\_\_\_\_

*If patient is a minor (under the age of 18) signature of parent is required.*