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POLICY DISCLAIMER

At Integrative Health Associates we are committed to providing our patients with the best possible care and protocols for them to achieve their optimal health. With that said, we enforce a cancellation fee and an administration fee policy which state:

In the event you need to cancel your appointment a cancellation fee of \$50.00 will be issued if the cancellation is not done within 24 business hours of the appointment time. In addition this applies for failure to show up to your scheduled appointment with no cancellation.

There will be a \$25 administrative fee for any prescriptions that are called in or requested without being specifically written by the doctor during your scheduled visit.

**By signing below you agree that you have read and understand the above policies.
Integrative Health Associates operates Monday through Thursday from
8:30 am-5:00 pm and Friday By Appointment**

Thank you and we appreciate your cooperation in this matter.

Print Patient Name: _____

SIGNATURE: _____ Date: _____

PAYMENT INFORMATION (STRICTLY CONFIDENTIAL)

NOTE: if patient is under 18 years of age, parent / guardian must complete this form.

In order for Integrative Health Associates to send supplements via USPS, provide you with the ability to consult by telephone, or if one of the above policies is broken the following information is required:

Credit Card Type: VISA MC AMEX DISCOVER OTHER: _____

CC# _____

Exp _____ Sec Code _____

Name on card: _____ ZIP: _____

I have read and understand the information provided above.

Print Patient Name: _____

SIGNATURE: _____ Date: _____