

“Getting Back to the Roots of Health”

208.634.7289

Clinic Policies

Welcome to Solace Natural Medicine. Our intention is to serve the health care needs of our community by providing natural and safe means of treatment and prevention of illness. We wish to serve as a community resource for natural health education, and to work with other health care practitioners to optimize the health of the community. We thank you for choosing us as part of your health care team and welcome any ideas or suggestions you have to enhance our services.

We feel it is important to establish clear communication and understanding between physician and patient. Our office policies regarding fees, payments, and appointments are designed to aid in that understanding. If you have any questions or need further information, please feel free to ask Dr. Brandi Solace or Jonas Bean (Office Manager.)

Payment and Insurance Information

It is our pleasure to provide you with effective, economical, and quality health care. Our goal is to transform the healthcare system from one of disease management to health promotion. You are responsible for payment regardless of insurance coverage, as we do not directly bill insurance. At your request, you will receive a detailed receipt to request reimbursement from your insurance carrier. Our office does not bill or affiliate with Medicare/Medicaid, and Medicare/Medicaid does not reimburse for lab tests, nutrition consultation, or preventative medicine regardless of your need for these services.

Payment is due at the time of service for office visits, lab tests, and dispensary products. We accept cash, checks, Visa, Mastercard, and debit cards. If your check is returned for non-sufficient funds you will be charged \$35.00. A full schedule of our fees is at the end of these policies.

We are unable to provide credits for supplements after 30 days of the original purchase. Any unopened product can be returned at 100% of the purchase price within 30 days of the purchase date. Any opened product can be returned at 50% of the purchase price within 30 days of the purchase date.

Appointment Cancellations

When you call and schedule an appointment, time is reserved especially for you and no one else. We ask that you provide at least a 24-hour notice of cancellation. Failure to show up for an appointment will result in a \$45.00 charge. New patient appointments will be charged the full amount for a failure to show and a credit card will be taken when scheduling the appointment.

Phone Calls

There is no charge for brief questions that can be answered by Dr. Solace during office hours regarding the current treatment plan. However, if you call about a new or more involved health concern, you may be asked to schedule an appointment or be charged for a phone consultation. Phone consultations are billed as regular appointments.

For legal purposes, no diagnosis or treatment can be performed over the phone. Dr. Solace can only make health recommendations, provide counsel on diet and lifestyle questions, or create treatment plans for pre-diagnosed medical conditions.

Dr. Solace is **not** available on a 24-hour emergency basis. If you have a serious health problem that requires immediate attention, you should call 911, or have someone take you to the nearest hospital emergency room. In the event that after hour consultations are unavoidable the following fees will be doubled.

Schedule of Fees for Solace Natural Medicine

Appointment Fees

New Patient

Comprehensive First Visit	\$285
Comprehensive First Visit w/Woman's Annual Exam	\$320
Pap test billed separately	Fee determined by laboratory

Established Patient

Return visits are billed based on time and complexity	\$125-\$265 range
Phone Consultation	Billed as regular appointment

Depending on the complexity of the case, at least one or more follow up visits can be expected.

Returned Check fee	\$35
No Show fee	\$45

Other Services

Blood Collection and Handling	\$20
Urinalysis Dipstick	\$20
Pregnancy Test	\$20
B12 injection	\$20
Sport Physical	\$40

Please call for current Laboratory Services

(ex. routine blood work, hormone panels, food allergy testing, stool analysis, thyroid panel, heavy metal screen)

Fees are subject to change and certain procedures have separate fees. These fees reflect a "payment at time of service discount". If payment is not received at time of service you will be charged an additional 10% for billing and an interest rate of 20% will be applied accordingly for late payments.

Nutritional supplements and lab testing are not included in appointment fees. Nutritional supplements are out-of-pocket expenses for all patients because, as yet, they are not routinely covered by insurance plans. However, patients with health savings accounts often use these accounts to pay for supplements.

By signing the following page, you agree to the clinic policies outlined in this form. You agree that you are financially responsible for all charges and that you will pay for all services provided.

Please return the signature sheet to the clinic and keep the above policies for your reference.

I understand and accept Solace Natural Medicine PLLC policies and procedures.

I understand that any expenses incurred with Solace Natural Medicine PLLC are my responsibility and not that of any other person or reimbursement group.

I understand that payment is due in full at the time of service.

I understand that I may be billed for any appointment missed or changed with less than 24 hours notice.

I understand that no claims or guarantees have been made by Solace Natural Medicine personnel for future reimbursement or particular medical outcomes.

For your convenience we offer phone consultations which will be billed accordingly.

We charge a shipping and handling fee and require pre-payment on any product shipped.

All information given now or at any point in the future is entirely confidential. If we receive requests to share information with doctors, insurance groups or health agencies, we will do so only with your permission. You may choose to keep a completed medical record request form on file to expedite handling of your records.

(Responsible Guardian’s signature if patient is a minor)

Signed _____ Date _____

Treatment Consent & HIPAA Acknowledgement

I consent, authorize, and request Dr. Solace (Solace Natural Medicine, PLLC) to administer such treatment deemed necessary, advisable, or requested. I agree to hold Dr. Solace (Solace Natural Medicine, PLLC) free and harmless of any claims, suits, damages, or complications which may result from such treatments. I also understand Solace Natural Medicine’s Privacy Policy and may request a copy at any time.

Signed _____ Date _____

Consent to Treatment of a Minor & HIPAA Acknowledgement

I (We), being the guardian of _____, a minor, the age of _____, do hereby consent, authorize, and request Dr. Solace (Solace Natural Medicine, PLLC) to administer such treatment deemed advisable, necessary, or requested on the above minor. I (We) agree to hold Dr. Solace (Solace Natural Medicine, PLLC) free and harmless from any claims, suits, damages, or complications which may result from such treatment. I also understand Solace Natural Medicine’s Privacy Policy and may request a copy at any time.

Signed _____ Date _____