Earth Integrated Medicine, LLC

It's About Options

POLICIES AND CONSENT FOR TREATMENT

Billing:

I understand that I am responsible for all fees at the time of service, regardless of insurance coverage or treatment outcome. If you have insurance coverage for acupuncture, please notify us and we will be happy to provide you with an invoice that includes insurance codes. You will be responsible for submittal and reimbursement from your insurance company.

Appointment cancellation:

If you are unable to keep your appointment, Please give at least 24 hours notice. If you fail to keep your appointment or cancel without appropriate notice, you will be billed for the visit.

Authorization:

My signature is an acknowledgement that I voluntarily request and hereby authorize services of Naturopathic and Oriental medicine offered to me by Dr. Crystal Urban including physical examination, specialized tests, and treatment deemed appropriate. As a patient, I am fully informed of benefits and possible complications, as well as alternatives to the proposed treatment, including no treatment. I have been given the opportunity to ask questions pertaining to the treatment. I understand that there is always a possibility of an unexpected complication and that no guarantee can be made concerning the results of treatment.

I confirm that I have read and fully understand the above prior to my signing.

_____ _____

Patient/Guardian Signature Date

715-610-6544 www.earthintegratedmedicine.com