



Financial Policy

Thank you for choosing Family Clinic of Natural Medicine. We are committed to doing all we can to make your treatment successful. The following is a statement of our financial policy, which we would like you to read and sign prior to treatment, so that misunderstanding or frustrations may not occur in regards to your bill.

Payment is due in full at the time of service. Visa/Master Card/Discover is accepted as well as personal check or cash.

Missed appointments:

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointment at the rate of 50% of the visit scheduled. IV appointments will be charged at 50% plus cost of IV supplies, and is the patient's responsibility. This payment must be received prior to your next scheduled appointment. Please help us serve you better by keeping scheduled appointments.

Thank you!

I have read, understand, and agree to this Financial Policy.

Please Print Full Name

Date

Signature