

NOR CAL Natural Medicine

June E. Stevens ND

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New Patient Office Policy

Our medical office operates as a fee for service cash based practice. At this time, the State of California does not allow Naturopathic Doctors to contract with medical insurance companies, therefore we are not able to accept medical insurance coverage plans. We will provide you with an electronic copy of your invoice at the time of your visit, thus allowing you to submit directly to your insurance company for any potential reimbursement. As a fee for service practice, payment in full is expected at the time of service. Payments may be made with cash, check, and debit card. In the event of a returned check, we do charge a \$35.00 returned check fee, in addition to bank fees, applied to any check not cleared for deposit.

Our office has a 24-hour cancellation/reschedule policy. If you are unable to make your scheduled appointment time for any reason please contact our office within 24-hours prior to your scheduled appointment time to avoid a \$95.00 fee for your missed appointment.

Should you “No Show” for your scheduled appointment or cancel your scheduled appointment with our office three consecutive times, we will issue you a letter of dismissal from our practice.

By signing below, I have read and understand this policy. I guarantee full payment of all charges incurred as a patient.

Signature_____ Date_____

Printed Name_____

Parent of Guardian (minor)_____ Date_____