

# NAMASTE NATURAL HEALING CENTER, Inc

*A heart centered approach to healing mind, body, and spirit*

Patricia J. Meyer, ND | Lee J. Dennis, ND

12616 SE Stark Street | Portland, OR 97233 | (503) 408-0790

## Appointments

We consider an appointment to be an agreement between you and our office. We are responsible to be here and to provide our services, or inform you otherwise. You are responsible for keeping the appointment or giving us 24 hours notice of cancellation. Missed appointments mean another patient who was in need of our services could not be seen because time was reserved for you. Most of our patients are extremely conscious of this and are very considerate in rescheduling in advance when this becomes necessary. For this we are grateful. For those few who decide not to keep your appointment without giving us the appropriate notice, except in cases of extreme emergency, we want you to be aware that you will be charged for the missed appointment.

## Payment

In order for us to keep our services available to you, it is necessary to require payment at the time of your visit. We will accept insurance after obtaining verification of coverage and benefits for naturopathic services. You will be responsible for payment of charges not covered by your insurance. Please be aware that most insurance companies don't cover your medicines, so we ask that these be paid for at the time they are dispensed. If you have financial hardship and need to make arrangements for a payment plan to cover your office visits, please discuss this with the front desk staff before your appointment is scheduled.

## Rights

- You have the right to be treated with courtesy, respect, and dignity
- You have the right to know the process through which services are offered, including the general course of treatment
- If a medication is prescribed, or any other specific treatment is recommended, you have the right to know what is expected to change, and any side effects which might be anticipated
- Sometimes we have visiting health care professionals or doctors in training present in our office in order for them to learn about naturopathic medicine. You have the right to refuse that anyone but your doctor observe or participate in your consultation or treatment

## Confidentiality

If an outside person or agency requests information concerning a patient, we require that their inquiry be in writing. No information or medical records will be released from our office without prior written consent, in the form of a release of records form, signed by you, the patient. This insures you that what you reveal in confidence to your doctor will not be released to anyone without your knowledge and consent.

## Assignment of Benefits

I hereby assign my medical benefits payable for services rendered by the doctors at Namaste Natural Healing Center, Inc and/or Dr. Patricia J. Meyer. This assignment will remain in effect until it is revoked by me in writing. A photocopy of this assignment is to be considered valid as an original. I authorize Namaste Natural Healing Center, Inc. to release all information necessary to secure payment in full. I understand that I am financially responsible for all the charges, whether or not they are paid by an insurance company or attorney.

FOR OUR RECORDS: To indicate that you have read and understand these policies, please sign below. If you have questions, please ask.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

PATIENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_