

OFFICE POLICIES AND FEE SCHEDULE

Please read each section very carefully. If you have questions or need clarification, please ask Dr. Ettinger during your initial consultation.

Please be advised that Dr. Ettinger is not acting as your primary care physician. **Dr. Ettinger is merely a private health consultant.** Dr. Ettinger can also be your chiropractor or both.

Dr. Ettinger does not address urgent care, personal injury, workers' compensation, med-legal, or primary care issues. If you become involved in a personal-injury or workers' comp case, Dr. Ettinger will not be a party to the case. Dr. Ettinger recommends that you have a current primary care physician (PCP)

INITIAL

FEES

Your initial natural health evaluation and consultation will be between 60 and 120 minutes, depending on the complexity of the issue(s) to be covered and the number of records/tests that need to be reviewed. The initial consultation will include, but is not limited to, a review of all records and/or lab tests, consultation, time for questions, and the creation of a written protocol.

Natural Health Consultation, Email, and Phone Correspondence Fee Schedule:

- \$350 (60-minute **Initial Consultation** Base Rate) + \$88 for each additional 15 minutes utilized for review of records, lab tests, and/or written program at the conclusion of the initial consultation.
- \$176 – **Follow-up Consultation.** The average follow-up appointment time is 30 minutes. *As health status stabilizes, it may be reduced to a 15-minute consultation.
- *\$88 – 15-Minute **Follow-up Consultation**
- All time spent on your case, outside of an office visit, will be billed at \$88 per 15-minute block of time. We will need to keep a valid credit card on file. This also includes email and phone correspondence (please read email/phone policies below).

Chiropractic Initial Exam and Adjustment Fee:

- \$65 per visit

INITIAL HERE FOR BOTH FEE SCHEDULES

SCHEDULING, RESCHEDULING, CANCELLING, AND NO-SHOW APPOINTMENTS

- An up-to-date credit card authorization form must be kept on file for all the points below.

INITIAL CONSULTATION

- The initial consultation must be paid in full at the time of the booking.
- This fee can be refunded if you provide at least 24 hours' notice.
- If less than 24-hour notice is given, the initial consultation fee can be refunded minus \$88.
- If you “no-show” for your initial consultation, you will forfeit your entire paid-in-advance fee. You will no longer be eligible for care at this office. **INITIAL_____**

FOLLOW-UP APPOINTMENTS

- You will receive an email and/or text message through “Setmore” reminding you of your appointment.
- Do not respond to the text reminder. Dr. Ettinger will not receive it.
- If you cancel your follow-up appointment with less than 24-hour notice, a \$25 charge will be applied to your next appointment.
- If you are a no-show for your follow-up appointment, you must prepay for the missed appointment and all future appointments, in advance, at the time of booking.
- A canceled appointment not rebooked within three (3) days is your declaration that you have chosen to resign from receiving care in the future. **INITIAL_____**

LATE ARRIVAL APPOINTMENTS

Dr. Ettinger is committed to being on time for your appointment. If you arrive late for your appointment, no matter the reason, your pre-booked time will end at the scheduled time, and you will be charged for the length of your original scheduled consultation. **INITIAL_____**

EMAIL, PHONE, TEXT, or LIVE ZOOM POLICIES

Dr. Ettinger will write up and/or verbally explain your nutritional protocol. That said, you may need additional clarification. During your care, you may also have questions or situations that require direct communication, which is normal and understandable. Dr. Ettinger is here for you as your coach, and he wants you to succeed and regain the quality of health and life you desire.

(1) All issues relating to your care must be handled via an office, phone, or Zoom consultation.

(2) Please do not send Dr. Ettinger an email, text, or FB message asking for help, personal thoughts, suggestions, or to look at a particular article, video, or supplement... You can message Dr. Ettinger to schedule a brief consultation to discuss any concerns or questions.

(3) Dr. Ettinger handles all business during business hours. Please be respectful of that.

(4) If you call or email Dr. Ettinger with a question that requires more than a 'yes' or 'no' answer, he will send you an estimate of the time needed to handle your request. You can respond to confirm you accept the terms or call to schedule a time for a phone or Zoom consultation. **INITIAL_____**

REPORTS, LETTERS, WAIVERS, ETC...

Dr. Ettinger **DOES NOT** write notes, reports, narratives, letters, or sign waivers of any kind - medical, legal, or personal. Please be respectful and do not ask. **INITIAL_____**

INSURANCE INFORMATION

Dr. Ettinger is not a Medicare provider and **DOES NOT ACCEPT OR BILL** health insurance. Dr. Ettinger does not assist with resolving insurance claims. **INITIAL_____**

SUPPLEMENTS AND MAILING OF SUPPLEMENTS

You can purchase most, if not all, of your supplements from Dr. Ettinger, but you are not obligated to do so. Overseas clients will need to source their own products, which can sometimes make it challenging to implement health plans, so please be aware of this. Supplements, once sold, cannot be returned for a refund.

Dr. Ettinger will mail supplements, if needed, for a fee. Once mailed, you will receive a USPS tracking number. Once a product is mailed, Dr. Ettinger accepts no liability for its future, whether lost, stolen, or damaged. Dr. Ettinger will not refund or replace any lost, stolen, or damaged product once it is mailed.

INITIAL_____

RECORDING APPOINTMENTS

Electronic recording of appointments and/or conversations with Dr. Ettinger is strictly prohibited unless prior approval is obtained. Recording a medical appointment without the medical provider's knowledge is illegal and unethical. If such a recording takes place, legal action may be taken. **INITIAL**_____

CONCLUSION

I have thoroughly read and initialed all four (4) pages. I have had an opportunity to ask questions. I understand that I may receive a copy of this document. By signing below, I agree to, understand, and will abide by the policies and fees above.

Print Name: _____

Signature: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell: (____) _____ Email: _____

Date of Birth: _____

Today's Date: _____