
FEES, INSURANCE COVERAGE AGREEMENT and CONSENT TO TREAT

Fees

All visit charges are expected to be paid at the time service is rendered. For your convenience we accept cash, cheque, debit card, Visa and MasterCard for most treatments.

B.C. Medical

Generally, MSP will not cover any Naturopathic visits.

Premium Assistance

Each person on Premium Assistance is eligible for a combined total of **10 visits** per calendar year. Please present your MSP card with the **V2** symbol to qualify. You will still pay our normal fee amount. MSP will reimburse you directly.

Extended Medical

Your medical insurance policy is a contract between you and your insurance company. This office does not collect payment from any insurance company nor guarantee reimbursement.

Worker's Compensation Board and ICBC

Naturopathic visits are not accepted by WCB. Full fee for naturopathic visits must still be paid at time of service regardless of WCB or ICBC claim.

Declaration

This is to acknowledge that I have been informed that:

1. Any treatment or advice provided to me at Okanagan Naturopathic Healthcare (ONH) is not mutually exclusive from any other treatment or advice that I may now be receiving or may in the future receive from another licenced health care provider.
2. I am at liberty to seek or continue medical care from a medical doctor or other care providers licenced to practice in British Columbia.
3. I declare that I have received a full and complete explanation of the treatment, possible side effects and/or services that I will receive and hereby authorize and consent to treatment by the practitioner.
4. I agree to pay my full account at the time of each visit or treatment, including fee for service, cost of supplements and remedies, cost of laboratory tests and other fees.
5. I understand that treatment advice will not be given over the phone unless directly related to specifics discussed during intake of case.

Patients are responsible for their appointments. Please insure you either receive an appointment card or verify your appointment time with our staff. We require **24 hours notice** to cancel your appointment. Any missed appointments or cancellations with insufficient notice will result in a fee charge.

Please sign and date:

I, _____, am fully aware of the billing procedures of this clinic.

I agree to pay the full office fee for services rendered by practitioners at Okanagan Naturopathic Healthcare.

Date

Patient Signature (Parent or Guardian)