



Consent to Treatment

At Health Roots Natural Medicine, we honor our patient's bodies and minds. We believe in education and empowerment of patients to control their own healthcare. Though our intention is always to help people move toward optimal health, we are aware that there are potential risks associated with some of the treatments we may recommend. Please read the following consent to treatment statement that outlines potential risks of our treatment modalities. Please write-in your own amendments in the space provided if you are inclined. You are under no obligation to sign this form.

Health Roots Natural Medicine's Consent to Treatment Statement

Various medicines may be recommended for treatment including conventional prescription drug therapies, over-the-counter preparations, nutritional supplements and traditional medicinal herbs and dietary therapies. I understand that these therapies are only safest and most effective if taken as prescribed. I further acknowledge that natural medicines are potent and may cause harmful side effects like prescription and non-prescription drugs.

Some treatments and health assessments require hands-on body palpation and joint mobilization. Manual therapies used at Health Roots Natural Medicine such as massage and Naturopathic Manipulation Technique are not without potential side-effects which may include pain, injury of soft-tissue and joint damage. Injections of medication may cause bruising and damage to the skin and underlying soft tissue and potentially deadly allergic reactions in rare circumstances.

Though acupuncture rarely causes side effects other than minor momentary pain; the potential for injury exists including: bruising, bleeding, black-eye, collapsed lung, nausea, dizziness, fatigue, pain and infection. We only use high quality sterile needles with gentle insertion techniques to minimize patient discomfort or side effects.

I consent to treatment at Health Roots Natural Medicine which includes the following modalities: acupuncture, Naturopathic Manipulation Technique, massage, injection of medication.

I acknowledge that I have the right to refuse any treatment or assessment procedure and can ask the practitioner to safely discontinue at any time during the treatment or assessment procedure.

Amendments to the agreement: _____

I have read, understand and agree with Health Roots Natural Medicine's consent to treatment statement.

SIGNATURE OF PATIENT: _____

SIGNATURE OF RESPONSIBLE PARTY: _____

DATE: _____



Financial Agreement

Please read and sign at the bottom.

At Health Roots Natural Medicine, we try to accept all insurance plans that cover our services and offer discounts to those who are uninsured. We believe that money shouldn't stand between you and the good health care you need and deserve. We offer two options for uninsured people to ease the burden of payment. First of all we offer payment plans to allow you to make payments over time if necessary. Second we do offer a sliding scale fee to people who qualify under financial hardship standards, such as full-time students. ***We are able to offer a 20% discount for everyone for full payment on the day of service.***

If you are insured, we are happy to work with your plans and even submit claims for you. The road of insurance reimbursement can sometimes be a highway to benefits and other times seem like a labyrinth with either a check or a bill at the end. There are a few things you need to do to make sure that you won't be surprised with an unexpected bill. There are codes which relate to the types of therapies and the depth of detail and time regarding a visit or treatment with associated fees that are often negotiated through your plan, we are happy to provide you with an explanation of our fees. You are responsible for payment for our services, though your insurance may cover all or part of the fees and they may even have a contracted discount to reduce our fees. Plans change frequently and understanding your benefits can be very confusing.

That is why we ask all of our patients to contact their plans directly and ask the following:

- 1- Is Dr. Mindy Cash covered under my plan as a primary care physician or under alternative care benefits as an acupuncturist?
- 2- If not, can she be added? Or can she be covered by out-of-network benefits?
- 3- Do I need a referral or pre-authorization to see her under my plan benefits?
- 4- Will lab work be covered and which in network labs are preferred?
- 5- Do I have prescription drug coverage and what are participating pharmacies?
- 6- Does my plan cover naturopathic medicine or acupuncture or massage therapy or specifically exclude any of those?
- 7- Do I have a limit or deductible for the year and what is my balance for those?
- 8- When did my plan start and when does it end?
- 9- What is my co-pay or co-insurance?

Bring your insurance card to the first appointment and try to get answers to the preceding questions beforehand so that you will know what you can expect for out-of-pocket expenses. No insurance plan covers non-prescription medications or supplements (they can be applied to tax deductible health savings accounts). We require payment upfront if we think it is unlikely that your plan will cover our services and will reimburse you accordingly if your insurance pays. **We accept HSA debit cards.**

I agree to pay the fees for services provided to me by Health Roots Natural Medicine including any co-pays, co-insurance, deductibles or other fees not covered by insurance.

Your Signature _____ Date _____