



OFFICE POLICIES

Total Approach Wellness and Aesthetics
200 Forsythe Street
Fayetteville, NC 28303
Office: (910) 322-7368
Fax: (910) 483-5796
www.TAWellness.net

1. There is a **cancellation fee** for patients who do not cancel their appointment prior to a full 48 hours. **As a safeguard, please email your cancellation in writing to avoid any confusion regarding the cancellation deadline.** If you fail to do so, your credit card will be charged for the missed appointment on the day of the appointment. **For new patient appointments, the cancellation fee is \$350.00. You will be billed according to our office fee schedule for the missed appointment.** Please call as soon as possible to let us know if you cannot keep your appointment. In order to provide better service to our patients we do not overbook to compensate for no shows therefore we must bill for missed appointments.
2. If you are late for an appointment you will be seen for the remainder of your appointment time only in order to avoid delays for other patients. There will be no adjustment in the charge for the visit.
3. If you go over your scheduled appointment time, and there is no other patient scheduled, you will be charged on a prorated basis for the additional time spent with the provider. Please be sure to review our office fee schedule.
4. There is a cost for copying medical records plus postage. In accordance with Title 45, Section 164.524© of the Code of Federal Regulations, there is a cost related to medical records retrieval, certification and copying. You must sign our medical release form and pay the copying fees before records are sent. Medical records are sent within 3 weeks of a completed request. All outstanding bills must be paid in full before medical records are sent.
5. Prescription refill request should be done during appointment times or on-line only. **Prescription refills** are called in within 48 hours of their request. Patients who have not been seen recently may be required to come in for an office visit before a prescription is called in. A fee of \$10.00 for prescriptions requested over the phone or needed prior to 48 hours may apply.
6. Insurance companies may not cover prescriptions called in to the compounding pharmacy; therefore the compounding pharmacy will call you directly for a method of payment prior to shipping it to you.
7. All lab results are reviewed and discussed during appointment times. Results can only be given over the phone during a phone consultation with the doctor. The charge for the phone consult will depend on the amount of time required for the consult.
8. Medical questions should be addressed during appointment times. Our staff may handle brief questions but in-depth questions will require an appointment with the doctor.

9. The doctors are available for phone consultations for the convenience of our patients who live out of town or have schedules which do not permit them to come in for office visits. If you request to speak with the doctor by phone for any reason your account will be billed accordingly. Please allow our staff to handle simple questions and requests, to avoid a physician's fee. **You will be billed for all phone calls or emails that require time from the physician according to our fee schedule.**
10. **All services and product sales are final.** Patients are responsible for payments for services and labs performed. No refund will be given once a service has been provided or lab test has been performed. There are no refunds on products sold in our office for any reason. Please do not ask the staff or doctor for refunds once you have purchased a product.
11. Patients who show up for unscheduled appointments to speak with the doctor will be billed according to our fee schedule if the doctor is available. You will be billed for the amount of time that you speak with the physicians even if you do not have an appointment. Please be considerate of other patients who have appointments so that the office can run smoothly and efficiently and schedule an appointment.
12. We require a credit card to be on file for patients in the event that products, lab kits, etc. have to be sent to patients, and for appointment and cancellation fees. Patients who request credit card **charge backs** for any reason will be billed **\$150.00 per charge back** in addition to the original charges for services provided by our office. All fees are due at the time of services. Patients are responsible for all fees incurred by Total Approach Wellness and Aesthetics for collections. Credit card charge backs will be immediately turned over for collections at the expense of the patient.
13. We do not provide disability forms for patients who desire disability coverage. Your primary care physicians must complete these forms.
14. Our office specializes in functional medicine, and stress, hormone, and health lifestyle programs. **We do not assume the responsibility for treatment of major medical illnesses that you are currently being treated for by your primary physicians.** Please continue treatment with your primary care physician or OB/GYN for routine medical problems.
15. Patients please call the office before coming to the office to pick up supplements, tests, etc., to avoid delaying appointments for patients on the schedule for that day and to allow us to prepare for your needs. Please be patient with our staff until patients with appointments have been assisted.
16. We reserve the right to immediately discharge a patient from our practice if a patient is abusive to the staff or refuses to honor our office policy.

17. Our office policy is designed to provide structure for our office so that we provide good consumer service and ensure that all patients receive the same quality service and treatment. We strive to make your experience a good one and welcome your helpful feedback.

18. If you are dissatisfied for any reason, please alert our office and we will make every effort to correct the problem and accommodate your needs.

Thank you for choosing Total Approach Wellness and Aesthetics to provide your medical needs. Your business is greatly appreciated.

By signing below you acknowledge that you have read this document and agree to abide by our office policies and fee schedule. Please initial each section of the office policy.

Patient's Name (Please Print)

Patient's Signature

Date