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Renewed Health, LLC

Welcome

Thank you for trusting me with your health care. I take my commitment to you very seriously, and I look forward to working with you to enhance your health and well-being. The following are my office policies. Please read them carefully and initial next to each policy.

Patient Name: _____

Date: _____

_____ Cancellations and Missed Appointments

If you are unable to make your appointment, please call at least 24 hours ahead of your scheduled time. If you miss an appointment without proper notification, there will be a \$50 fee.

_____ Payment Agreement

If I am not billing your insurance, you are responsible for your balance at the time of your appointment. You will be given a time-of-service discount for the office visit fee.

If I will be billing insurance for your visits, you are responsible for your co-pay or co-insurance at the time of service. If you have not yet met your deductible, you will need to pay for the services the day of your appointment. Please bring your insurance card with you to your first visit.

Labs that are not covered by insurance as well as all supplements you choose to purchase through Renewed Health require payment at the time of service. For private pay patients, I have negotiated more affordable lab pricing where possible.

_____ Insurance Information

I am happy to bill your insurance company for you, but you will need to verify coverage ahead of time. Please call the number provided on your card and ask the following questions:

1. Do I have Naturopathic coverage? _____
2. When did my coverage begin and when is it valid through? _____
3. Do I need a referral to see a Naturopathic Doctor? _____
4. Is there a pre-existing waiting period? _____ If so, when does it end? _____
5. What is the % Covered? _____ Or Co-pay or Co-Insurance? _____
6. Is there a yearly max or a limit to the number of naturopathic visits per year? _____
7. What is my deductible for the year? _____
8. What portion of my deductible has been met thus far? _____
9. Are lab services covered? _____ Is there a deductible for lab services? _____
10. What is the name of the representative you spoke with? _____ Date _____