

The Piro Clinic of Natural Medicine  
971-B Virginia Ave  
Palm Harbor, FL 34683  
(727) 789-4020

## OFFICE POLICY

### **INITIAL CONSULTATIONS**

The purpose of the initial consultation is that the doctor and prospective patient meet face-to-face and briefly discuss the patient's concerns. Dr. Piro will advise the patient as to whether or not she can likely help. The doctor will outline the diagnostic tests needed to evaluate the case. The fee for the initial consultation is \$50.00.

Initial \_\_\_\_\_

### **FEES**

The complete history, examination and diagnostic work-up will vary depending upon the severity and complexity of each case. The doctor will give you a List of Services and fees at your initial consultation. Once all the diagnostic data is collected and evaluated, Dr. Piro will review those findings with you on the "Report of Findings" day. Specific natural medicines and treatments will be prescribed. Further diagnostic tests may be recommended which will be reviewed and explained along with their specific fees.

Initial \_\_\_\_\_

### **APPOINTMENTS**

Please arrive on time for your appointments. The doctor does her best to stay on schedule and she needs your cooperation to do so. Once a treatment plan is set, do not alter from the program. Experience has shown that the patients who maintain their treatment plan get the fastest and best results. Also, **any missed appointments or changes in appointments made with less than 24-hour notice will be charged in full for the time taken on the doctor's schedule.** No exceptions. Please realize that we always have a waiting list of patients wanting to be scheduled and we need to make the best use of the doctor's time to best serve everyone.

Initial \_\_\_\_\_

### **INSURANCE**

Major Medical: We do not accept insurance assignments on your major medical insurance policy. Your insurance company will reimburse you directly whatever they determine to be reasonable and medically necessary per their own guidelines.

Initial \_\_\_\_\_

Personal Injury Protection (ie. auto accidents): We are not accepting these cases at this time.

Initial \_\_\_\_\_

Medicare: We do not accept Medicare assignment. We will file your claim ONCE with Medicare for direct reimbursement ONLY IF it is a covered service. The services covered by Medicare are only those relating to spinal treatments of an acute nature. Medicare will not cover services rendered for

internal disorders, chronic spinal conditions or exacerbations of existing spinal conditions. Please see Medicare Advanced Beneficiary Notice.

Initial \_\_\_\_\_

Medicaid: We are not Medicaid providers; however, we will treat Medicaid patients.

Initial \_\_\_\_\_

**METHOD OF PAYMENT**

**Payment is due when services are rendered.** We accept CASH, PERSONAL CHECKS and CREDIT CARDS (MASTERCARD, VISA and DISCOVER only). There is a \$35.00 charge for checks returned due to insufficient funds. **All natural medicines and nutrients are not returnable.** Special order items must be pre-paid before they will be ordered from the company. If there is a need to mail any items to you, there will be an added shipping and handling fee.

Initial \_\_\_\_\_

**FRAGRANCES**

Due to the sensitivity of some of our patients, we ask that you wear no fragrances such as perfume, cologne, after-shave, or strongly scented lotions and/or hair products on the day of your appointment.

Initial \_\_\_\_\_

**EMERGENCY SERVICES**

This office does not provide emergency services. If you feel you need emergency care and the doctor is not available, please call your medical doctor or go to a Walk-in-Clinic or hospital emergency room. Notify us as soon as possible as to what has occurred. We will help in whatever way we can.

Initial \_\_\_\_\_

These policies and your understanding and agreement with these policies will allow this office to operate most efficiently. Thank you for your help in applying them.

I understand and agree to abide by the above policies. I also understand that this office policy supercedes any previously signed Office Policy.

Patient

Signature \_\_\_\_\_ Date \_\_\_\_\_

(or patient guardian if under 18)