

STATEMENT OF OFFICE POLICY

Please read all of the following statements regarding our office policy and initial each as marked by "X" to indicate that you have read and understood each paragraph:

1. **LAB TEST REVIEW:** The standard procedure at A Better Alternative Medical Center is for patients to review all tests results during a scheduled office visit with the ordering physician. The review is not handled by telephone.

Patient's Initials: X _____

2. **ADDITIONAL PRIMARY CARE PHYSICIAN:** Alternative medicine is not a hospital-based, nor an emergency care specialty. For this reason, you may find it convenient to maintain an ongoing relationship with a local Internist or other traditional physician while you are being treated at this center. In addition if at any time, Dr. Leder feels that your problem imminently requires diagnosis or care from a traditional specialist, you will be so advised and are strongly urged to follow any such advice.

Patient's Initials: X _____

3. **IN CASE OF EMERGENCY:** In the event of any medical emergency, we request that you contact both this office and any local physician with whom you are in contact, and then proceed directly to a local emergency facility for immediate attention. We will contact you as soon as possible, and will gladly work with any physician or facility of your choosing, to the extent that they are willing to accept guidance and/or assistance in the area of nutritional/complementary medicine. In our experience, this willingness will vary greatly from doctor to doctor.

Patient's Initials: X _____

4. **TELEPHONE CALLS:** Barring technical difficulties, a message machine should be available to receive your calls 24 hours a day. Messages are picked up at regular intervals, generally at least once daily and returned as soon as possible. The phone is best reserved for scheduling appointments and asking brief, individual, and well defined questions. If, during the week, you notice a change in symptoms, it is appropriate to schedule an office visit as soon as possible. If you have a number of questions about your diet, your progress, your program, etc, it is most useful to write the questions down as they occur to you, and arrange an appointment to cover them all in one visit. Using the phone in this limited fashion will assist the doctor in remaining on time for scheduled visits, both yours and those of other patients. Your cooperation is greatly appreciated.

Patient's Initials: X _____

5. **PAYMENT IN FULL ON DATE OF SERVICE:** Each of your visits, including today's visit, need to be paid in full on the date on which services are rendered. We accept **Visa and Mastercard only**, as well as checks backed with credit card information. We do not have the necessary billing manpower to offer extended payment plans or deferred billing, but the use of a credit card can afford you additional time to pay you office bills.

Patient's Initials: X _____

6. **FORMAT OF VISITS:** Your first visit and all subsequent visits are billed based upon the length of time you spend with the doctor. The material covered in each visit varies considerably from patient to patient, but typically the first visit covers a detailed history/intake, the second a physical exam, any additional history not covered in the initial consultation, and the formulation of a testing plan. The next visit then covers a review of test results and the development of an initial treatment protocol. During ongoing visits, the protocol is monitored and further testing or treatment is implemented. For medical, ethical, and legal reasons, treatment protocols and/or prescriptions cannot and will not be given to any patient until an evaluation, including history, physical, and lab work has been completed and reviewed.

Patient's Initials: X_____

7. **BILLING BASED ON LENGTH OF VISIT:** Your office visits are billed according to the time spent with the doctor, beginning when you enter the office, and ending when your conversation with the doctor ends. Initial and completion times are recorded in your chart for each visit. This information is important in supporting your insurance claims. Time is carefully monitored by the front desk. In the event that the visit is interrupted by a phone call or emergency, timing is topped until you work with the doctor resumes.

Patient's Initials: X_____

8. **IF WE ARE RUNNING LATE:** As much as we always make the effort to stay on schedule, the human factor often leads to unexpected schedule variations during the day. Please allow some flexibility in your own schedule on days of appointments. You may also wish to call us before you leave for the office to see if we are running true to schedule. If we are running **more than 30 minutes** behind schedule, and you are therefore unable to stay until the end of your scheduled visit, please let us know **before** you begin your visit. If informed of your concerns, we can offer you several options to accommodate your needs: rescheduling, breaking up the visit, doing an abbreviated visit, or finishing your visit by phone. If we are late and you wish to do your visit as planned, barring unusual circumstances, we will make every effort to provide a visit of the originally scheduled length.

Patient's Initials: X_____

I, the undersigned, have read, fully understand and acknowledge the preceding statements regarding the **OFFICE POLICY of A Better Alternative Medical Center**, and agree to be treated in accordance and in cooperation with the above stated policies.

Patient Signature

Date

Patient Name (printed)

Witness Signatue

Date