

Dear Patient,

Welcome to the Evergreen Centre for Lifestyle and Integrative Medicine. As you may be aware, Branden Bledsoe, ARNP, Dr. Edna Pretila, and Dr. Ryan Hartig and all our staff strive to bring you the best that modern medicine has to offer. This practice uses standard conventional approaches to medicine as well as many treatments that are considered complimentary/alternative or holistic by the current standards of the medical profession. In this way, we are an Integrative medicine practice.

Your health care provider at The Evergreen Centre may recommend nutritional supplements, herbal medications, homeopathy, intravenous therapies, energy medicine or other non-conventional treatments with the intention of improving your state of health. Sometimes these recommendations or prescriptions will be given as an alternative option to standard conventional treatments and therapies. Some of these treatments are considered experimental and some are evidence based and an accepted standard of care. Many treatments and infusions are not FDA approved for I.V./I.M. Use or any specific medical condition.

\_\_\_\_\_ [Initial] I hereby understand and agree that The Evergreen Centre will sometimes recommend non-conventional treatment modalities. I understand that these may go against the standard of care and that I can stop my treatment to pursue more conventional therapies at any time.

#### **APPOINTMENTS POLICY**

Appointments can be made by phone at 812-282-4309. In an effort to spend adequate time with the patients, the Evergreen Centre does not double book appointments. We recommend that most patients print paperwork from our website and fill it out at home in advance of the initial appointment. If you are unable to print out in advance or would rather fill out paperwork in the office, please show up 30 minutes before your scheduled appointment time. If you show up at time of appointment unprepared or are late 15 minutes or more, we may ask you to reschedule and a cancellation fee may apply.

\_\_\_\_\_ [Initial] I hereby understand and agree to the above terms of the Evergreen Centre's appointment policy. I understand that if I refuse to acknowledge this policy the Evergreen Centre reserves the right to refuse service.

#### **CANCELLATION POLICY**

In as much as the Evergreen Centre does not double book appointments, we have a strict cancellation policy. To cancel or reschedule an appointment, we require at least 24 hours notice without charge to the patient. If an appointment is missed or canceled with less than 24 hours notice, a 50% charge for expected service will be applied to your account. If a patient does not show up for an appointment, without prior notice this constitutes a "no-show" and a 75% charge will be applied to your account for the expected service scheduled. If a patient is a now show or cancels with less than 24 hours notice twice within a 6 month period of time, Evergreen Centre reserves the right to refuse future services.

\_\_\_\_\_ [Initial] I hereby understand and agree to the above terms of the Evergreen Centre's cancellation policy. I understand that if I refuse to acknowledge this policy the Evergreen Centre reserves the right to refuse service.

### **PAYMENT POLICY**

At the Evergreen Centre, we are first and foremost on patient care. In order to do this, and spend adequate time with patients a fee for service schedule has been created. Our fees are based on provider time and efforts. We do accept most major credit cards, cash, and HSA/Flex spending account payments. If we participate with your insurance carrier, your co-payment will be due the day of your visit. Be aware that additional fees may apply, for services not covered by your insurance carrier. If we do not accept your insurance carrier, we will bill your insurance as an out of network provider for services provided as a service to our patients. Please note that you will be responsible to pay remaining balance not covered by your carrier. If payment is not made and/or amount isn't paid in full, the Evergreen Centre reserves the right to without future services and appointments.

\_\_\_\_\_ [Initial] I hereby understand and agree to the above terms of the Evergreen Centre's payment policy. I understand that if I refuse to acknowledge this policy the Evergreen Centre reserves the right to refuse service.

### **TELEPHONE CALLS AND EMAILS**

Some follow up appointments can be done via telephone or email for patient convenience. As this requires time from the provider, payment for these services will be consistent with those in the current cash schedule. Please note that telephone calls and emails are considered convenience services and are not covered by insurance carriers. These services will be billed directly to all patients and are due at the time of service.

### **AFTER HOURS CALLS**

The Evergreen Centre currently sees patients by appointment only. If you are experiencing a true medical emergency after hours, immediately call 911 and go to the nearest hospital. There is an after-hours telephone service and clinicians will answer calls only for true issues that cannot wait until the next business day. Prescriptions will not be refilled after hours.

### **PRESCRIPTION REFILLS**

Please instruct your pharmacy to send prescription refill requests via fax to 812-283-8299. Allow 5-7 business days for refill authorizations. If you or your pharmacy has questions regarding refills, please contact our IV dept at 812-282-4309 extension 23. Narcotics will not be refilled after hours and often require a follow up appointment and potential drug testing. Questions regarding narcotic refills, please contact JoEtta at ext. 24. Patients requesting same day refills will be required to pay a convenience fee of \$15.

\_\_\_\_\_ [Initial] I hereby understand and agree to the above terms of the Evergreen Centre's after-hours and prescription policy. I understand that if I refuse to acknowledge this policy the Evergreen Centre reserves the right to refuse service.

I, \_\_\_\_\_, fully understand and will comply with the Evergreen Centre's Policies and Procedures outlined above. All my questions have been answered fully prior to my signing this document, and I understand that if I choose not to sign this document, I may be refused services.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN  
ACKNOWLEDGMENT  
RECORD OF GOOD FAITH ATTEMPT TO DELIVER  
EVERGREEN CENTRE  
HIPAA PRIVACY NOTICE  
ACKNOWLEDGMENT OF RECEIPT**

This is to acknowledge my receipt of the HIPAA Privacy notice delivered to me by the Evergreen Centre.

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Signature of Individual or Personal Representative, if applicable

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date